

FILED JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20124
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 584

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> <u>0391</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>0</u>	
c. LENGTH OF STAY (In this place) <u>1 month</u>		d. STREET ADDRESS (If rural, give location) <u>1435 Concord</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>			
3. NAME OF DECEASED (Type or Print)	a. (First) <u>NORMAN</u>	b. (Middle) <u>E.</u>	c. (Last) <u>KELLER</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>June 14 1952</u>			
5. SEX <u>Male, 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>July 5, 1861</u>
9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa, (Mt Pleasant)</u> /
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Building dwellings</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Henry Keller</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Lyon</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>V D Keller, Springfield, Missouri.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Renal-Vascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Reaction of Prostate 6-1-52</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>442 X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>52</u> , to <u>6-14</u> , 1952 that I last saw the deceased alive on <u>6-14</u> , 1952, and that death occurred at <u>10:30 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Print or Print)		23b. ADDRESS <u>1711 Boonville Springfield Mo</u>	23c. DATE SIGNED <u>6-14-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 15, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>
24d. LOCATION (City, town, or county) (State) <u>Topeka, Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Springfield, Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-19-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0396

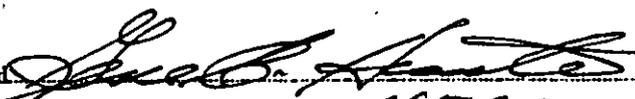
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 4729 _____

P. O. Address Springfield, N _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.