S. No. 300
v. 10.48

FILED OCT 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32108

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 129

51 2 1

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

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg,
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 213 Lobon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Centerview Twp.
d. STREET ADDRESS (If rural, give location): Centerview, 0510

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Margret
c. (Last): Keller

4. DATE OF DEATH (Month) (Day) (Year): Sept. 23 1952

5. SEX: Fe 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Mar. 4, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 5, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (State or foreign country): Dewit, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Sam Teaters
13b. MOTHER'S MAIDEN NAME: Jenkins
14. NAME OF HUSBAND OR WIFE: Ernest Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: John L. Keller, Centerview, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Disease — 20 yr
DUE TO (c) Arteriosclerosis, generalized — 10 yr

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 42010
20. AUTOPSY? YES ☐ NO ☒

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): — — —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 8-23, 1952, *to* September 23, 1952, *that I last saw the deceased alive on* Sept 23, 1952, *and that death occurred at* 3:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David R. Holmes MD 0
23b. ADDRESS: Warrensburg, Mo
23c. DATE SIGNED: 9-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0
24b. DATE: 9/25/52
24c. NAME OF CEMETERY OR CREMATORY: Pisgah
24d. LOCATION (City, town, or county) (State): Chilhowee, Mo.

DATE REC'D BY LOCAL REG.: Sept. 23, 1952
REGISTRAR'S SIGNATURE: Savannah Mitchfield 147-C
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Cook Funeral Home, Chilhowee, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 29 1952
JOHNSON COUNTY HEALTH DEPT.

SEP 8 1952

FEB 1952

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 J. W. Cook

Licensed Embalmer No. 4335

P. O. Address Chilhowee, Missouri.

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.