

5. No. 100  
10. 10

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1787**

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

FILED JAN 27 1953

BIRTH NO. _____		REG. DIST. NO. <b>146</b>		PRIMARY REG. DIST. NO. <b>5378</b>		Registrar's No. <b>17</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson Co (Rural Blue)</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>6 yrs</b>		c. CITY OR TOWN <b>KANSAS CITY (Rural Blue)</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>548 OXFORD</b>				d. STREET ADDRESS (If rural, give location) <b>548 OXFORD 7050</b>			
3. NAME OF DECEASED a. (First) <b>GERTRUDE</b>			b. (Middle) _____			c. (Last) <b>KELLER</b>	
4. DATE OF DEATH (Type or Print) _____		(Month) <b>1</b>		(Day) <b>11</b>		(Year) <b>53</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>4/20/1878</b>	
9. AGE (in years last birthday) <b>74</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 YRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>NO ONE</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>FRANCE 5</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13a. FATHER'S NAME <b>CARL KELLER</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA FREEMAN</b>		14. NAME OF HUSBAND OR WIFE <b>EDWARD KELLER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO ONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. CHRISTINE DORIAN</b> ADDRESS <b>548 OXFORD</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach</b> 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. <b>Senility</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs</b>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 _____, 1949, to <b>Jan 11, 1953</b> , that I last saw the deceased alive on <b>Jan 10, 1953</b> , and that death occurred at <b>A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Alabab M.D.</b> (Degree or title) _____				23b. ADDRESS <b>1218 Oak</b>		23c. DATE SIGNED <b>1-18-53</b>	
24. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>1/16/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>McCalvary</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY Kans.</b>	
DATE REC'D BY LOCAL REG. <b>1-13-53</b>		REGISTRAR'S SIGNATURE <b>John P. Sheil</b>		FUNERAL DIRECTOR'S SIGNATURE <b>John P. Sheil</b>		ADDRESS <b>D. C. Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

Sheet  
Ch 6665

**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 Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address R. E. Carroll

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.