

FILED FEB 24 1953

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

Dr. H. Marshall  
 5482

State File No. 182

128

2000

182

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>GREENE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. LENGTH OF STAY (In this place) <b>40 YRS.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b> <b>0396</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MERCY INF.</b>				d. STREET ADDRESS (If rural, give location) <b>1012 S. PICKWICK</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>		b. (Middle) <b>ROBERT</b>		c. (Last) <b>KELLER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 16, 1953</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>DEC. 25 1877</b>	
9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months		IF UNDER 12 MOS. Hours		IF UNDER 24 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FRISCO CONDUCTOR</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>NEAR SEYMOUR, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Joseph Keller</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>BETTY KELLER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. BETTY KELLER SPRINGFIELD, MO.</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>Generalized arteriosclerosis</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>4500</b>				INTERVAL BETWEEN ONSET AND DEATH <b>several days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <b>5/23/50</b> to <b>2-7</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>2-7</b> , 19 <b>53</b> and that death occurred at <b>11:45 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Thomas R. Marshall, M.D.</b>				23b. ADDRESS <b>Professional Bldg.</b>		23c. DATE SIGNED <b>2-17-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2/18/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MAPLE PARK</b>		24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>	
DATE REC'D BY LOCAL REG. <b>2-18-53</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson Registrar</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H. H. LOHMEYER SPRINGFIELD, MO.</b>			

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

APR 15 1953

MAR 5 1956

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 Wm T. Suddley

Licensed Embalmer No. 48757

P. O. Address Springfield

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.