

FILED MAR 31 1953

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|--|---|--|---|---|---|---|--|-----------------------|-----------------------|
| BIRTH NO. | | REG. DIST. NO. <u>156</u> | | PRIMARY REG. DIST. NO. <u>2001</u> | | Register No. <u>148</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Joplin</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If identification evidence before funeral home) a. STATE <u>Missouri</u> b. COUNTY <u>Joplin</u> | | | | | |
| b. CITY OR TOWN <u>Joplin</u> | | c. LENGTH OF STAY (in this place) <u>1 mo.</u> | | c. CITY OR TOWN <u>Joplin</u> | | d. STREET ADDRESS (If rural, give location) <u>8495 38 + Conn. Ave.</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>715 N. Wall St.</u> | | | | d. STREET ADDRESS (If rural, give location) | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Rudolph Keller</u> | | | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-14-1953</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Jan 3, 1875</u> | | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer + Dairyman</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Strausberg, Germany</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | |
| 13a. FATHER'S NAME <u>OK</u> | | | 13b. MOTHER'S MAIDEN NAME <u>OK</u> | | | 14. NAME OF HUSBAND OR WIFE <u>J</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Army, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cara Albert</u> | | ADDRESS <u>Buffalo N.Y.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE CONGESTIVE HEART FAILURE</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 Hours</u> | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u> | | | | | | DUE TO (c) <u>UNK</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CEREBRAL HEMORRHAGE</u> | | | | | | | 4 yrs | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>H500</u> | | | | | | 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 <u>3-12</u> , 1953, to <u>3-14</u> , 1953, that I last saw the deceased alive on <u>3-14</u> , 1953, and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>D. D. Douglas M.D.</u> | | | | 23b. ADDRESS <u>Fairview Bldg. Joplin</u> | | | 23c. DATE SIGNED <u>3/17/53</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3-17-1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>3-26-53</u> | REGISTRAR'S SIGNATURE <u>Ed. J. James</u> | | | FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hill</u> | | ADDRESS <u>Dulon Court Joplin Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

495
1

RECEIVED 3-30-53
Jasper County Health Office

County File Number 53/3/292

Date Filed 3-31-53

NOV 29 1953

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 W. E. Huddleston

Licensed Embalmer No. 4770

P. O. Address Joplin Mo.

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.