

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14960

State File No. _____

FILED APR 20 1953

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 36

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

1. PLACE OF DEATH a. COUNTY <u>Macou</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hudson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURIAW HAZELWOOD</u>	
c. LENGTH OF STAY (In this place) <u>9 days</u>		d. STREET ADDRESS (If rural, give location) <u>SEYMOUR MORRIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth Sanatorium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> b. (Middle) <u>H</u> c. (Last) <u>Keller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 5 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Jan. 7, 1908</u>	9. AGE (In years last birthday) <u>45</u>	10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WEBSTER Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Louie F. Keller</u>	13b. MOTHER'S MAIDEN NAME <u>Lena B. Julain</u>	14. NAME OF HUSBAND OR WIFE <u>PEARL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>_____</u>	17. INFORMANT'S SIGNATURE OR NAME <u>SEYMOUR MO. PEARL KELLER</u>	ADDRESS <u>_____</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypostatic Pneumonia</u> DUE TO (c) <u>Acute Mania</u>		
II. 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	20. AUTOPSY? <u>3010</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Mar. 26, 1953 to Apr 5, 1953, that I last saw the deceased alive on Apr. 5, 1953, and that death occurred at 12:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Edw. A. Moreau, D.O.</u>	23b. ADDRESS <u>S.H.O.S. Macou, Mo.</u>	23c. DATE SIGNED <u>4-5-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>April 5, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SEYMOUR</u>	24d. LOCATION (City, town, or county) (State) <u>WEBSTER Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>H 5 53</u>	REGISTRAR'S SIGNATURE <u>Arith McNeely</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Phimma Home for Funerals</u>	ADDRESS <u>Macou Mo</u>
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APR 20 1953

RECEIVED 4.15.53
MACON COUNTY HEALTH DEPARTMENT
County File No. 45385
Date Filed 4.15.53

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 *Charles V. Greening*

Licensed Embalmer No. 4625

P. O. Address *Clarence, 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: