

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32362**
 BIRTH NO. **FILED OCT 9 1953** REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **136**

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cainsville	
c. LENGTH OF STAY (in this place) 7 DAYS		d. STREET ADDRESS (If rural, give location) HARRISON TWP.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) LENA	b. (Middle) Rivers	c. (Last) Keeler	(Month) Oct	(Day) 7	(Year) 1953

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 29, 1913	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) NEBRASKA	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME DAVE HANET	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Clyde Keeler
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Clyde Keeler	ADDRESS Cainsville, Missouri
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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, ashenia, 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) Pulmonary Embolism		2 days
	ANTECEDENT CAUSES DUE TO (b) Hysterectomy		8 days
	DUE TO (c) Fibroid Tumor of Uterus		3 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Sept. 30-53	19b. MAJOR FINDINGS OF OPERATION Fibromyoma of Uterus	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Sept. 1, 1953**, to **Oct. 7, 1953**, that I last saw the deceased alive on **Oct. 7, 1953**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph G. Conrad, M.D.	(Degree or title)	23b. ADDRESS Chillicothe, Mo	23c. DATE SIGNED 10-7-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-7-53	24c. NAME OF CEMETERY OR CREMATORY Cainsville	24d. LOCATION (City, town, or county) (State) Cainsville, Missouri
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DATE REC'D BY LOCAL REG. 10-7-53	REGISTRAR'S SIGNATURE Frances B. Neel	25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home	ADDRESS Chillicothe, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Elton Roman*

Licensed Embalmer No. *4036*

P. O. Address *Chillicothe, 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.