

FILED OCT 19 1953

STANDARD CERTIFICATE OF DEATH

State File No. 35244

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 292

1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>CAPE GIRARDEAU</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>CHAFFEE</b>	
c. LENGTH OF STAY (In this place) <b>5 DAYS</b>		1001	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CAPE OSTEPHTIC</b>		d. STREET ADDRESS (If rural, give location) <b>RFD #1</b>	

3. NAME OF DECEASED a. (First) <b>STEVE</b> b. (Middle) <b>RICHARD</b> c. (Last) <b>KELLER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 8-1953</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>SEPT 1-1944</b>	9. AGE (In years last birthday) <b>9</b>	IF UNDER 1 YEAR Days <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHILD</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CHILD</b>		11. BIRTHPLACE (State or foreign country) <b>KANTAKAA ILL.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>EARL R KELLER</b>		13b. MOTHER'S MAIDEN NAME <b>MILDRED ROSS</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>-</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Earl R Keller Chaffee Mo</b>	
				ADDRESS	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tachycardia &amp; Cardiac arrhythmia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rheumatic Heart Disease</b>		<b>7 years</b>
	DUE TO (c) <b>myocardiasis</b>		<b>1 year</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary Edema</b>		<b>4 days</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>415X</b>		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) (Min.)	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 **10-4**, 19**53**, to **10-8**, 19**53**, that I last saw the deceased alive on **10-8**, 19**53**, and that death occurred at **12:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Hatty Hehmer, D.O.</b>		23b. ADDRESS <b>Chaffee, Missouri</b>		23c. DATE SIGNED <b>10-13-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Chaffee Mo</b>	
DATE REC'D BY LOCAL REG. <b>10-14-53</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. M. Hubb - Chaffee Mo</b>		

(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

*C. J. Larberg*

Licensed Embalmer No. ....

*3810*

P. O. Address

*Cape Girardeau*

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.