

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

38450

State File No.

FILED NOV 23 1953

BIRTH NO.		REG. DIST. NO. 53	PRIMARY REG. DIST. NO. 3010	Registrar's No. 4
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY Cape Girardeau Mo.		a. STATE Missouri		b. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, write RURAL and give town) Cape Girardeau Mo.		c. CITY OR TOWN Cape Girardeau		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 59 yr		e. STREET ADDRESS (If rural, give location) Country Club Drive		
d. FULL NAME OF HOSPITAL OR INSTITUTION Country Club Drive				
3. NAME OF DECEASED		4. DATE OF DEATH		
a. (First) Arthur		b. (Middle) O		c. (Last) Keller
(Type or Print)		b. (Month) Nov		c. (Day) 15
		d. (Year) 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 11 1894	
			9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 4 Days 4
			IF UNDER 24 HRS. Hours 4 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau County Mo
				12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Henry Keller		13b. MOTHER'S MAIDEN NAME Christian Weitzel		14. NAME OF HUSBAND OR WIFE Mrs. Ida Keller Cape.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mr. Norman Keller
				ADDRESS Cape Gir. Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of rectum		INTERVAL BETWEEN ONSET AND DEATH 30 mo.
		ANTECEDENT CAUSES		
		Morbidity 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.		
19a. DATE OF OPERATION July '52		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of rectum		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
				154X
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 July 1952 to 15 Nov, 1953, that I last saw the deceased alive on 14 Nov, 1953, and that death occurred at 10:30 p.m., from the causes and on the date stated above.				
23a. SIGNATURE W. O. O'Connell		23b. ADDRESS Cape Girardeau, Mo		23c. DATE SIGNED 16 Nov 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 17 1953		24c. NAME OF CEMETERY OR CREMATORY Bier Cemetery
				24d. LOCATION (City, town, or county) (State) Gordonville Mo.
DATE REC'D BY LOCAL REG. 11-17-53		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Geo. & Ansel Cape
		44-0		ADDRESS Cape Gir. Mo

(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.....
Signature of Student Embalmer

Signed *W. H. Foster*.....

Licensed Embalmer No... *3568*

P. O. Address *Cap Hill*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.