

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38536

State File No.

FILED NOV 20 1953

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>Excelsior Springs</u>	c. LENGTH OF STAY (if this place) <u>14 days</u>	c. CITY OR TOWN <u>Prathersville 6000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mitchells Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>RRI Excelsior Springs</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MILO</u> b. (Middle) <u>FOWLER</u> c. (Last) <u>KEEL</u>	4. DATE OF DEATH (Month) <u>OCT</u> (Day) <u>4</u> (Year) <u>1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNKNOWN</u>	8. DATE OF BIRTH <u>FEB. 16, 1885</u>	9. AGE (In years last birthday) <u>68</u> Months <u>7</u> Days <u>19</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Distributor Company</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BEER</u>	11. BIRTHPLACE (State or foreign country) <u>RICHMOND, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>BENJAMIN KEEL</u>	13b. MOTHER'S MAIDEN NAME <u>MATTIE BALL</u>	14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>487-20-1382</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eva H. Hall</u> ADDRESS <u>RRI EX. SPGS MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion with myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 min.</u> <u>10 years</u> <u>0-4 month</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>Moist Heart Failure with cardiorenal insufficiency</u>		
II. OTHER SIGNIFICANT CONDITIONS- <u>renal insufficiency</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>420Y</u>	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) <u>Excelsior Springs Clay Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 July, 1953, to October 4, 1953, that I last saw the deceased alive on Oct. 13, 1953 and that death occurred at 1.40 from the causes and on the date stated above.

23a. SIGNATURE <u>Kurt K. Parrhysius, M.D.</u>	23b. ADDRESS <u>Mitchell Clinic Excelsior Springs, Mo.</u>	23c. DATE SIGNED <u>10-5-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT. 8, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>EXCELSIOR SPRINGS, MO</u>
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DATE REC'D BY LOCAL REG. <u>10/22/53</u>	REGISTRAR'S SIGNATURE <u>Baseline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HOPE FUNERAL HOME</u> ADDRESS <u>EXCELSIOR SPRINGS, MO.</u>
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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 Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Exelsior Spring, 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.