V.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38574

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5298 Registrar's No. 46

0 25 0 1

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

1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 3½ mi S.E. of Hemple Lafayette
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 3½ mi S.E. of Hemple Lafayette Twp.
d. STREET ADDRESS (If rural, give location)

0 25 0 0

3. NAME OF DECEASED (Type or Print) a. (First) Conrad b. (Middle) Conner c. (Last) Keller

4. DATE OF DEATH (Month) Nov - (Day) 12 - 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Nov 11-1876
9. AGE (In years last birthday) 77 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Clinton Co. Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Conrad Mason Keller
13b. MOTHER'S MAIDEN NAME Marilda Holmes
14. NAME OF HUSBAND OR WIFE [redacted]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. X X
17. INFORMANT'S SIGNATURE OR NAME Mrs. Marvin Cone, Hemple, Mo 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

ANTECEDENT CAUSES
Morbid 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
19b. MAJOR FINDINGS OF OPERATION 334 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 10, 1953, *to* Nov 11, 1953, *that I last saw the deceased alive on* Nov 11, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. B. Spalding M.D.
23b. ADDRESS Plattsburg Mo
23c. DATE SIGNED Nov 16 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-14-53
24c. NAME OF CEMETERY OR CREMATORY Keller
24d. LOCATION (City, town, or county) (State) Clinton Co. Mo.

DATE REC'D BY LOCAL REG. Nov. 23-1953
REGISTRAR'S SIGNATURE Elizabeth Scearce 441-0
25. FUNERAL DIRECTOR'S SIGNATURE W. E. Summerfield ADDRESS Stewartsville Mo

(Licensed Embalmer's Statement on Reverse Side)

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 W. E. Cummins Field

Licensed Embalmer No. 3007

P. O. Address Stewartsville 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.