

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42992**
6111

FILED JAN 14 1954

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 2 WEEKS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE - MISSOURI	
		d. STREET ADDRESS (If rural, give location) 3117 SOUTH CRYSLER 7009	

3. NAME OF DECEASED (Type or Print)	a. (First) Albert	b. (Middle) J.	c. (Last) Keller	4. DATE OF DEATH (Month) (Day) (Year)
				Dec 27, 1953

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT-4-1888	9. AGE (In years last birthday) 65	10. YEARS UNDER 24 HRS. (Specify)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHARMICIST	10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (State or foreign country) New York, New York!	12. COUNTRY OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ERNEST F. KELLER	13b. MOTHER'S MAIDEN NAME VERONICA - UNKNOWN	14. NAME OF HUSBAND OR WIFE EMMA KELLER
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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. 486-01-0198	17. INFORMANT'S SIGNATURE OR NAME MRS. EMMA KELLER - 3117 S. CRYSLER - MISSOURI	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 154X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum with Distant Metastases		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:36 A m.**, from the causes and on the date stated above.

23a. SIGNATURE Angelo Lapi (Degree or title) autopsy	23b. ADDRESS 101 Memorial Drive	23c. DATE SIGNED 12/27/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 28 - 1953	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 12-29-53	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE REW Howcome's Sons	3314 Jackson Ave Kansas City Mo
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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 John W. Lewis

Licensed Embalmer No. 4875

P. O. Address KCMO

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: