

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2005

State File No.

FILED JAN 11 1954

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5700 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bedford</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bedford, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Grand River, Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grand River, Twp.</u>		e. STREET ADDRESS <u>Grand River, Twp.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Silas</u> b. (Middle) <u>S.</u> c. (Last) <u>Keeler Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4, 1954</u>		
8. SEX <u>Male</u>		6. COLOR, OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
9. AGE (in years last birthday) <u>75</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		8. DATE OF BIRTH <u>Oct. 31, 1878</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Redwood, N Y.</u>		9. AGE (in years last birthday) if UNDER 1 YEAR: Months Days Hours Min. <u>75</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Redwood, N Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Silas S. Keeler Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Brennan</u>		14. NAME OF HUSBAND OR WIFE <u>Erma Keeler</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>XXX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Silas Keeler-Bedford, Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>
		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		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>332 X</u>	
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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?
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22. I hereby certify that I attended the deceased from Dec. 22, 1953, to Jan 4, 1954, that I last saw the deceased alive on Jan 4, 1954, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter Bryan</u>		(Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Wheeling, Mo.</u>	
23c. DATE SIGNED <u>1-6-54</u>					

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 7, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>1-7-54</u>		REGISTRAR'S SIGNATURE <u>Franco B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvord Jordan</u>	
		ADDRESS <u>171-0</u>		ADDRESS <u>Chillicothe, Mo.</u>	

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 *Russell Jackson*

Licensed Embalmer No. 4191

P. O. Address Phillipsburg, 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.