

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28010**
 BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. LENGTH OF STAY (in this place) 1 hour	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction, 0490		d. STREET ADDRESS (If rural, give location) 201 North Cowgill Street 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Maud b. (Middle) Mary c. (Last) Keller			4. DATE OF DEATH (Month) (Day) (Year) Sept. 1st 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 7th, 1875
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Days 25	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Winfield Scott Bunker		13b. MOTHER'S MAIDEN NAME Mary Ellen (unknown)	14. NAME OF HUSBAND OR WIFE George Keller, deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Melvin Huddleston, Carl Junction, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Hyper-tension DUE TO (c) Arteriosclerosis 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 331 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <u>9/1</u> , 19 <u>54</u> , to <u>9/1</u> , 19 <u>54</u> that I last saw the deceased alive on <u>9/1</u> , 19 <u>54</u> , and that death occurred at <u>10:50P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE H. E. Nichols, D.O. Osteopath (Degree or title)		23b. ADDRESS Carl Junction, Mo.	23c. DATE SIGNED 9/2/54
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9/3/1954	24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery	24d. LOCATION (City, town, or county) (State) Carl Junction, Missouri
DATE REC'D BY LOCAL REG. 9-2-54	REGISTRAR'S SIGNATURE Mrs. Madeline Surtzen	25. FUNERAL DIRECTOR'S SIGNATURE Don Loney	ADDRESS Carl Junction, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

RECEIVED SEP 7 1954
Jasper County Health Office
County File Number 54-2-25
Date Filed SEP 7 1954

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 Henry B. Bruce

Licensed Embalmer No. 4463

P. O. Address Well City 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.