

FILED OCT 20 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 34647

BIRTH NO.		REG. DIST. NO. 211		PRIMARY REG. DIST. NO. 4324		Registrar's No. 28-54	
1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tuscumbia,		c. LENGTH OF STAY (in this place) 58 days		c. CITY OR TOWN Iberia		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Humphreys Hospital				e. STREET ADDRESS (If rural, give location) 0660			
3. NAME OF DECEASED (Type or Print) a. (First) Grace			b. (Middle) Keltner			c. (Last)	
4. DATE OF DEATH		5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH 4/26/1889		9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Iberia, Missouri	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward Durham		13b. MOTHER'S MAIDEN NAME Betty Reed		14. NAME OF HUSBAND OR WIFE William Keltner			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Dickerson Iberia, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy Essential Hypertension Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH 3 days years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X				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) m.		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 9-11, 1953 to 9-28, 1954, that I last saw the deceased alive on 9-28, 1954, and that death occurred at 6:30 p. m., from the causes and on the date stated above.							
23a. SIGNATURE M. E. Humphreys, M.D.				23b. ADDRESS Tuscumbia, Mo.		23c. DATE SIGNED 10-1-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/30/54		24c. NAME OF CEMETERY OR CREMATORY 391-0 Woodlawn		24d. LOCATION (City, town, or county) (State) Rural Miller Co. Mo.	
DATE REC'D BY LOCAL REG. Oct. 5-1954		REGISTRAR'S SIGNATURE Mrs. Richard L. Wright		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Hedges Funeral Home Iberia, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

7

Jan 9 1928

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Walter Hodge*.....

Licensed Embalmer No. *42*.....

P. O. Address *Lea*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.