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FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41714

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 380

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN: Hannibal
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1505 Ely Street

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3. NAME OF DECEASED (Type or Print)
a. (First): Rose
b. (Middle): Leee
c. (Last): Keller

4. DATE OF DEATH (Month) (Day) (Year): December 10, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 29, 1922
9. AGE (In years last birthday): 32 — If under 1 year: Months: 7 Days: 11 — 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 (City and State or Foreign Country): Hannibal Missouri
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: William Noel
13b. MOTHER'S MAIDEN NAME: Nancy McDowell
14. NAME OF HUSBAND OR WIFE: Andrew S. Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): xx
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Andrew S. Keller
ADDRESS: Hannibal Missouri

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) Cor Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pulmonary Fibrosis — 2 yrs.

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: 525-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. 5, 19 54, *to* Dec. 10, 19 54, *that I last saw the deceased alive on* Dec. 10, 19 54, *and that death occurred at* 2:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. D.
23b. ADDRESS: 707 Bdwy, Hannibal, Mo.
23c. DATE SIGNED: 12-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-13-54
24c. NAME OF CEMETERY OR CREMATORY: Mt Olivet Cem.
24d. LOCATION (City, town, or county) (State): Hannibal Mo.

DATE REC'D BY LOCAL REG.: 12-14-54
REGISTRAR'S SIGNATURE: Dr. E. M. Lueke By W. C. Fisher W. Crawford Smith
25. FUNERAL DIRECTOR'S SIGNATURE:
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 2 2 1954
MARION CO. HEALTH DEPT.
DATE FILED DEC 2 2 1954

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.....

Licensed Embalmer No.....45

P. O. Address ...Hannibal M

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.