

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9091

State File No.

FILED APR 14 1955

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived, if different from residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u> c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Licking</u>	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 <u>Phelps Co. Memorial H</u>		e. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Clement</u> b. (Middle) <u>Delaplane</u> c. (Last) <u>Keller</u>	4. DATE OF DEATH (Month) <u>April</u> (Day) <u>2</u> (Year) <u>1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 27 / 1883</u>	9. AGE (In years, last birthday) <u>71</u> if UNDER 1 Year Months _____ Days _____ if UNDER 1 Year Hours _____ Min. _____
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10. USUAL OCCUPATION (Give kind of work done during most working hours) <u>Carpenter & Stock farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Efford Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Geo. Riley Keller</u>	13b. MOTHER'S MAIDEN NAME <u>Kathleen Delaplane</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Jimmie Keller</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. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jimmie Keller</u> ADDRESS <u>Licking, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary & cardiac arrest</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Coronary occlusion</u> <u>2 days</u> DUE TO (c) <u>Coronary thrombosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>congestive heart failure</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>acc</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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 Sept 1954, to April 2, 1955, that I last saw the deceased alive on April 1, 1955, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B. J. Myers D.O.</u> (Degree or title)	23b. ADDRESS <u>Licking, Mo.</u>	23c. DATE SIGNED <u>4-4-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-5-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Boone Creek Cem.</u> LOCATION (City, town, or county) (State) <u>Phelps Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 7, 1955</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith & Ferguson</u> ADDRESS <u>Licking Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

JUN 8 1955

APR 20 1955

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.....
Signature of Student Embalmer

Signed *Embert G. Forpus*.....

Licensed Embalmer No. *39*.....

P. O. Address *Quincy*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.