

19799

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 1 - 1955

No. 300  
10.4a

BIRTH NO. _____		REG. DIST. NO. <u>314</u>		PRIMARY REG. DIST. NO. <u>6058</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Collins Twp.</u>		c. LENGTH OF STAY (in this place) <u>all life</u>		c. CITY OR TOWN <u>Humansville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>Rt. 2</u> <span style="float: right;">0430</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nervie</u>			b. (Middle) _____			c. (Last) <u>Keller</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>6 9 1955</u>		5. SEX <u>Fe</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>11/10/1879</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR (Months) (Days) <u>6 29</u>		IF UNDER 24 HRS. (Hours) (Min.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Clair Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Hughes</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Sid Keller</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Orville Keller, Humansville, Mo.</u>			
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 hemorrhage</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) <u>331X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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>January 19 55</u> to <u>6-10 55</u> , that I last saw the deceased alive on <u>6/5</u> , 19 <u>55</u> , and that death occurred at <u>12:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. H. Robinson M.D.</u>				23b. ADDRESS <u>Humansville Mo.</u>		23c. DATE SIGNED <u>6/10/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/10/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Humansville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Humansville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-10-55</u>		REGISTRAR'S SIGNATURE <u>Walter Seewers</u> <span style="float: right;">298-0</span>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beckwith Funeral Home, Humansville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *O. H. Beckwith*

Licensed Embalmer No. *393*

P. O. Address *Humansville*

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.