

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32749

32749

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. CITY OR TOWN <u>Union</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Francis</u>		No. STREET ADDRESS (If rural, give location) <u>Rest Home</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Cornelius</u>	b. (Middle)	c. (Last) <u>Kellener</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 27 1955</u>
-------------------------------------	-----------------------------	-------------	---------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>June 3rd 1867</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>24</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ham work</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Berger Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>Geofferd Kellener</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Beckhals</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
---	---	---

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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Franklin Co Rest Home Union Mo</u>	ADDRESS <u>Union Mo</u>
--	-------------------------------------	---	-------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>U Popling</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9-10-55</u>
---	---	--	--

\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES	DUE TO (b)
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
	DUE TO (c)

334X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 9-10-55 to 10-27-55, that I last saw the deceased alive on 10-25-55, 1955, and that death occurred at 3 1/2 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>T.H. Lenny</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Union Mo</u>	23c. DATE SIGNED <u>10-27-55</u>
----------------------------------	-------------------------------	------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>10/28/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Missouri University Columbia Mo</u>	24d. LOCATION (City, town, or county) (State)
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>10/27/55</u>	REGISTRAR'S SIGNATURE <u>J.P. Hedmann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.P. Hedmann</u>	ADDRESS <u>Union Mo</u>
--	---	--	-------------------------

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

---

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 Not Embalmed....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed E. G. Ottman.....

Licensed Embalmer No. 1686.....

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