

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32770

BIRTH NO. _____		REG. DIST. NO. 119		PRIMARY REG. DIST. NO. 4193		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY GASCONADE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY GASCONADE			
b. CITY OR TOWN HERMANN		c. LENGTH OF STAY (in this place) 6 yrs		c. CITY OR TOWN HERMANN		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 E. 12th STREET				e. STREET ADDRESS (If rural, give location) E. 12th STREET 03710			
3. NAME OF DECEASED (Type or Print) a. (First) ADOLPH b. (Middle) MAX c. (Last) KELLER			4. DATE OF DEATH (Month) (Day) (Year) OCT 1 - 1955				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT-16-1873	
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) FREDRICKSBURG MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME FRANK KELLER		13b. MOTHER'S MAIDEN NAME LOUISE SCHOETZ		14. NAME OF HUSBAND OR WIFE KORADINA KELLER			
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 MRS. CLARA WILD HERMANN 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) Chronic interstitial nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 592X					INTERVAL BETWEEN ONSET AND DEATH 10 yrs.
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's disease					15 yrs.
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) (Min.)		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 Sept. 5, 1952 , to Oct. 1, 1955 , that I last saw the deceased alive on Oct. 1, 1955 , and that death occurred at 1:22 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE W. O. J. Hermann, M.D. (Degree or title)				23b. ADDRESS Hermann, Mo		23c. DATE SIGNED 10/3/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-4-55		24c. NAME OF CEMETERY OR CREMATORY ST. JOHN E+R Cem.		24d. LOCATION (City, town, or county) (State) RED HERMANN MO	
DATE REC'D BY LOCAL REG. 10/3/55		REGISTRAR'S SIGNATURE Delma Herken 492		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hermann, MO			

(Licensed Embalmer's Statement of Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Hugo P. Rivera

Licensed Embalmer No. 314

P. O. Address Herma

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.