

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37531

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>211</u>		PRIMARY REG. DIST. NO. <u>4324</u>		Registrar's No. <u>32-55</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Tuscumbia</u>		c. LENGTH OF STAY (In this place) township) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tuscumbia,</u> <u>2660</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in Tuscumbia, Mo</u>				d. STREET ADDRESS (If rural, give location) _____ <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ollie</u>		b. (Middle) <u>Nancy</u>		c. (Last) <u>Keeth</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20, 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1/15/1897</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. 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 (State or foreign country) <u>Pulaski Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Shelton</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Wall</u>		14. NAME OF HUSBAND OR WIFE <u>Pearley Keeth</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pearley Keeth Tuscumbia, 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>Myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma Liver</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>1561</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 WK</u> <u>6 months</u>	
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 <u>12-14-1949</u> , to <u>11-20-1955</u> , that I last saw the deceased alive on <u>11-20-1955</u> , and that death occurred at <u>10:02 AM</u> on the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. E. Kallenbach D.O.</u>				23b. ADDRESS <u>Tuscumbia, Mo.</u>		23c. DATE SIGNED <u>11-20-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/23/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Iberia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/29/55</u>		REGISTRAR'S SIGNATURE <u>Mrs. M. E. Kallenbach</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hedges Funeral Homes Inc Iberia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A

3481 F.E. N.Y.

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
Student Embalmer

Signed

Walter P. Nea

Licensed Embalmer No.

42651

P. O. Address

Bevia, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.