

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43178**

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

BIRTH NO. _____		REG. DIST. NO. <u>352</u>		PRIMARY REG. DIST. NO. <u>4517</u>		Registrar's No. <u>90</u>			
1. PLACE OF DEATH a. COUNTY <u>Jay Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Stark</u>					
b. CITY OR TOWN <u>Branson</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Reds Springs - mo</u>		d. STREET ADDRESS (If rural, give location) <u>1040</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Seaggs Hosp</u>				3. NAME OF DECEASED a. (First) <u>Agnes</u> b. (Middle) _____ c. (Last) <u>Keller</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 14 1955</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			
8. DATE OF BIRTH <u>Jan 1 1891</u>		9. AGE (In years last birthday) <u>64</u>		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 <u>wife</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Geo David Nelson</u>		13b. MOTHER'S MAIDEN NAME <u>Winkmann</u>			
14. NAME OF HUSBAND OR WIFE <u>Charles C Keller</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Clarence Shelby Peltz</u> ADDRESS _____			
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				INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u> <u>unknown</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular accident</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Renal</u>				DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>331X</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>Oct 6, 1945</u> , to <u>12/14, 1955</u> , that I last saw the deceased alive on <u>Dec 14, 1955</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W.C. Magness, M.D.</u> (Degree or title)				23b. ADDRESS <u>Branson, mo</u>				23c. DATE SIGNED <u>12/17/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec 18-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Everham</u>		24d. LOCATION (City, town, or county) (State) <u>Stark Co, mo</u>			
DATE REC'D. BY LOCAL REG. <u>12/23/55</u>		REGISTRAR'S SIGNATURE <u>Nelson Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Everitt G. Cheatham</u> ADDRESS <u>Stark mo</u>					

**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 Everett J. Cheatham

Licensed Embalmer No. 3850

P. O. Address Halena 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 this body is not embalmed, fact should be so stated above.