

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1034

State File No.

FILED JAN 16 1956

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 30

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> | | c. CITY OR TOWN <u>Fordland</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>1 week</u> | | e. STREET ADDRESS (If rural, give location) <u>General Delivery</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 8</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>EDITH</u> | b. (Middle) <u>GERTRUDE</u> | c. (Last) <u>KELLER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8, 1956</u> |
|-------------------------------------|-------------------------|-----------------------------|-------------------------|---|

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|----------------------|-------------------------------|--|---------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>March 4, 1906</u> | 9. AGE (In years last birthday) <u>50</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
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| 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>None</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Douglas County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Harry Keller (Divorced)</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Harry Keller</u> | ADDRESS <u>Fordland, Mo.</u> |
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| 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>Instant</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wounds</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) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>981X</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. MURDER OR SUICIDE (Specify) <u>Homicide</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene Missouri</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 8 '56 10p.m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Shot by 22 caliber rifle</u> |
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22. I hereby certify that I have read the deceased's name, sex, age, date and place of birth, date and place of death, and that I have seen the deceased and that death occurred at 10 p.m., from the causes and on the date stated above.

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|-----------------------------------|-------------------|---|-----------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> | (Degree or title) | 23b. ADDRESS <u>Springfield, Missouri</u> | 23c. DATE SIGNED <u>1/11/1956</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>1/11/1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Fordland Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Fordland, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>1-12-56</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Springfield, Mo.</u> |
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623 West Walnut
SPRINGFIELD, MISSOURI
WRITE PLAINLY—USING UNFAADING INK—TAKE 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 *James W. Wair*.....

Licensed Embalmer No..... 46.....

P. O. Address..Springfield.

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.