

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34521

STATE FILE NUMBER

FILED NOV 7 - 1956

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WEBB CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>WEBB CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JANE CHINN HOSPITAL</u>		Length of stay in 1b	d. STREET (If outside, give location) ADDRESS <u>901 WEST BROADWAY</u>		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JESSE</u> Middle <u>ROY</u> Last <u>KELLER</u>			4. DATE OF DEATH Month <u>OCTOBER</u> Day <u>29</u> Year <u>1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUGUST 24 1878</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>5</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BAKERY</u>	11. BIRTHPLACE (City and state or country) <u>GALENA KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13. FATHER'S NAME <u>SYLVESTER KELLER</u>			14. MOTHER'S MAIDEN NAME <u>LYDIA DECAMP</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.	17. INFORMANT Address <u>ESTHER MOORE CLEVELAND OHIO</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>chronic myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b)					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4222</u>		
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Webb City MO</u>		20g. COUNTY <u>VIRGINIA</u>
21. I attended the deceased from <u>Oct. 12-56 to Oct 29-56</u> and last saw ^{her} him alive on <u>Oct 29-56</u> Death occurred at <u>Oct 29-56 10:00 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Mrs. Madeline Switzer</u> (Deputy Title)		22b. ADDRESS <u>Webb City MO</u>		22c. DATE SIGNED <u>10/29/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>11-3-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HAMPTON CEMETERY</u>		23d. LOCATION (City, town, or county) <u>HAMPTON VIRGINIA</u>
24. FUNERAL DIRECTOR <u>HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO</u>		25. DATE RECD. BY LOCAL REG. <u>10-29-56</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Chronic cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Y Health Office
1956
Number 52-11-857
NOV 5 1956

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 *Richard H. Lee*

Licensed Embalmer No. 446

P. O. Address *Wab...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.