

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37677

STATE FILE NUMBER

FILED DEC 3 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1077

300  
1-56

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Springfield 0396</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Vaughan Rest Home</b> Length of stay in lb <b>6 Yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>715 W. Walnut</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>VIRGIE</b> Middle <b>KELTNER</b> Last <b>KELTNER</b>			4. DATE OF DEATH <b>Nov. 23, 1956</b> Month <b>Nov.</b> Day <b>23</b> Year <b>1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>9 Sept. 1902</b>
9. AGE (In years last birthday) <b>54</b>		IF UNDER 1 YEAR Months <b>54</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager of Drug Store Fountain</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Drug Store</b>	11. BIRTHPLACE (City and state or country) <b>Kentucky</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Lewis Phillip Thomas</b>	
14. MOTHER'S MAIDEN NAME <b>Eliza Jane Brooks</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>2</b>		17. INFORMANT Address <b>Doris Davison Springfield, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b> DUE TO (c) <b>Atherosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>Unknown</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			<b>331X</b>
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.)	
20c. TIME OF INJURY Hour <b>2:05</b> Month <b>11</b> Day <b>23</b> Year <b>1956</b> a. m. <b>A.M.</b> p. m.			
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 COUNTY STATE
21. I attended the deceased from <b>July 19, 1956</b> and last saw her alive on <b>11-21-56</b> Death occurred at <b>2:05 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Herbert O. Coffey M.D.</b> (Degree or title)		22b. ADDRESS <b>Med. Arts Bldg. Springfield, Missouri</b>	22c. DATE SIGNED <b>11-23-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-25-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Jasper Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Jasper Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>J.W. Klingner + Co. Spgfd. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-23-56</b>	26. REGISTRAR'S SIGNATURE <b>Edith Williamson</b>

1912

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Glen P. Williams*.....

Licensed Embalmer No. *462*

P. O. Address *Springfield*

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.