

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38975**

FILED DEC 10 1956

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (in this place) 1 MONTH	c. CITY OR TOWN Warsaw
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hosp		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NO	
3. NAME OF DECEASED (Type or Print) a. (First) OLIVER b. (Middle) HENRY c. (Last) KELLNER		4. DATE OF DEATH (Month) (Day) (Year) Nov 30, 1956	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Feb 3, 1898
9. AGE (In years last birthday) 58 10. IF UNDER 1 YEAR Months 8 Days 27 IF UNDER 4 HRS. Hours 27 Min.		11. BIRTHPLACE (City and State or Foreign Country) Morgan Co, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Henry Kellner 13b. MOTHER'S MAIDEN NAME ANNA Stout 14. NAME OF HUSBAND OR WIFE Nellie Kellner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME Nellie Kellner ADDRESS Warsaw, Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 Month	
b. ant. wat. - 7. hyperten.		II. OTHER SIGNIFICANT CONDITIONS	
c. arteriosclerosis		Conditions contributing to the death but not related to the disease or condition causing death.	
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) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Oct 27, 1956 , to Nov 30, 1956 , that I last saw the deceased alive on 11/29, 1956 , and that death occurred at 3:20 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) H.D. Boger M.D.		23b. ADDRESS Sedalia, Mo	
23c. DATE SIGNED Dec 1, 1956		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec 7, 1956		24c. NAME OF CEMETERY OR CREMATORY Mt Pleasant Cemetery	
24d. LOCATION (City, town, or county) (State) Benton Co. Mo		25. FUNERAL DIRECTOR'S SIGNATURE John F. Reser ADDRESS Warsaw, Mo	
DATE REC'D BY LOCAL REG. 12-4-56		REGISTRAR'S SIGNATURE Lavonia Coontz Deputy	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

3-16-1937

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.....
John F. Reser

Licensed Embalmer No..... 409

P. O. Address... *Was...*

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.