

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41069**

FILED DEC 17 1956

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

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN UNION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL				e. STREET ADDRESS (If rural, give location) 110 SPRINGFIELD <i>036/0</i>			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) J. S. c. (Last) KELLER			4. DATE OF DEATH (Month) (Day) (Year) DEC. 12, 1956				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 21, 1873		9. AGE (In years last birthday) 83	IF UNDER 1-YEAR Months Days 10 21	IF UNDER 2 HRS. Hours Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY COURT OFFICIAL		11. BIRTHPLACE (City and State or Foreign Country) UNION, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN KELLER			13b. MOTHER'S MAIDEN NAME ALVIENA STAHLMANN		14. NAME OF HUSBAND OR WIFE ELIZABETH KELLER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ELIZABETH KELLER UNION, MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Cardiovascular Disease</i> ANTECEDENT CAUSES <i>Diuretic</i> 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. <i>422.1</i>				INTERVAL BETWEEN ONSET AND DEATH 2 Mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>2-19</u> , 19 <u>44</u> , to <u>Dec 12</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Dec 12</u> , 19 <u>56</u> , and that death occurred at <u>11:00 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>B. A. Stahlman M.D.</i>				23b. ADDRESS <i>Union, Mo</i>		23c. DATE SIGNED <i>12-13-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/15/56	24c. NAME OF CEMETERY OR CREMATORY ZION CEMETERY		24d. LOCATION (City, town, or county) (State) UNION, MO.		
DATE REC'D BY LOCAL REG. 12/14/56		REGISTRAR'S SIGNATURE <i>H. J. Johnson</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>E. F. Oltman</i>		ADDRESS <i>Union Mo</i>	

99.0

JAN 8 1957

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..... *E. F. Ottensmeyer*

Licensed Embalmer No. *1684*

P. O. Address *Union Ind*

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.