.S. No. 300
EV. 10.48

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

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3863

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 177

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctor's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arkansas
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Corning 8038
d. STREET ADDRESS (If rural, give location): Rt-2

3. NAME OF DECEASED (Type or Print)
a. (First): OPAL
b. (Middle): LORETTA
c. (Last): KELLER

4. DATE OF DEATH (Month) (Day) (Year): Feb. 11, 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 6, 1920
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months 8, Days 5 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clay Co., Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Ralph J. Woods
13b. MOTHER'S MAIDEN NAME: Myrtle Dobbins
14. NAME OF HUSBAND OR WIFE: Therman Keller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Therman Keller — ADDRESS: Rt-2 Corning, Ark.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2° and 3° burns involving 80% of body surface — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

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. 9160

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 16
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Corning 803 Ark
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 10 1957 11 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fire in home

22. *I hereby certify that I attended the deceased from* 2-10, 1957, *to* 2-11, 1957, *that I last saw the deceased alive on* 2-11, 1957, *and that death occurred at* 4:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert W. Engelhardt (Degree or Title) M.D.
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: 2/15/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/12/57
24c. NAME OF CEMETERY OR CREMATORY: Corning,
24d. LOCATION (City, town, or county) (State): Corning Ark.

DATE REC'D BY LOCAL REG.: 2/16/57
REGISTRAR'S SIGNATURE: B. R. Mitchell
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Russell-Ermert Corning, Ark.

(Licensed Embalmer's Statement on Reverse Side)

429-0

RECEIVED
FEB 18 1967
BUTLER CO. HEALTH CENTER
FILE No.

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Richard O. Ernest

Licensed Embalmer No. 782

P. O. Address Coshing Ark

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 this body is not embalmed, fact should be so stated above.