

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29025

FILED SEP 13 1957

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Big Piney, Mo. Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Big Piney, Mo. Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None.		Length of stay in 1b 14 yrs.	
d. STREET ADDRESS, None.		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Curtis Middle Alva Last Keller.		4. DATE OF DEATH Month 8 Day 31 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1885 July 26, 1895
9. AGE (In years) 72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.	10b. KIND OF BUSINESS OR INDUSTRY Laborer.
11. BIRTHPLACE (City and state or country) Norwich, Kansas.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Joseph Keller.		14. MOTHER'S MAIDEN NAME Margaret Unknown.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 491-14-8095	
17. INFORMANT Mrs. Mary E. Keller Big Piney, Mo		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ca. left lung. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 3 days 2 yrs	
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.)		
20c. TIME OF INJURY Hour 7:05 PM Month 8 Day 31 Year 1957 a. m. 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 Waynesville, Missouri		STATE
21. I attended the deceased from 8-1-57 to 8-31-57 and last saw her/him alive on 8-28-57 Death occurred at 7:05 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. Miller, M.D.		22b. ADDRESS Waynesville, Missouri	
22c. DATE SIGNED 9-3-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/3/57	23c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery	23d. LOCATION (City, town, or county) (State) Big Piney, Mo.
24. FUNERAL HOME Hedges Funeral Home, Way, Mo.		25. DATE RECD. BY LOCAL REG. 9-3-57	26. REGISTRAR'S SIGNATURE Paula Mae Anderson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATE NO. 157

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

RECEIVED 9-7-57
Pulaski County Health Officer
File Number 112
Date Filed 9-3-57

APR 1 1958

OCT 18 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 *Clarence Pross*

Licensed Embalmer No. 480

P. O. Address *Wagner*

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.