

Health, Welfare and Public Service  
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 1-56  
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
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THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **31069**

FILED OCT 7 1957

Registration District No. **53** Primary Registration District No. **3010** Registrar's No. **439**

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Cape Girardeau</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>Cape Girardeau</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE <b>Missouri</b>		b. COUNTY <b>Cape Girardeau</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		Length of stay in lb <b>23 days</b>		c. CITY OR TOWN <b>Cape Girardeau</b>		d. STREET ADDRESS (If outside, give location) <b>830 Jefferson</b>	
3. NAME OF DECEASED (Type or print) <b>KATHERINE G. KELLER</b>				4. DATE OF DEATH <b>September 26, 1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>June 10, 1867</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary, ret.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Independence, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13. FATHER'S NAME <b>Jacob Keller</b>				14. MOTHER'S MAIDEN NAME <b>Frances Hunter</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>No</b>		17. INFORMANT <b>Miss Emma Keller</b> Address <b>Cape Girardeau, 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>Abdominal carcinomatous</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>arteriosclerotic heart disease</b> 1991						INTERVAL BETWEEN ONSET AND DEATH <b>5 mo. ?</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, Month, Day, Year 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		COUNTY STATE	
21. I attended the deceased from <b>1951</b> to <b>9-26-57</b> and last saw her/him alive on <b>9-25-57</b> . Death occurred at <b>1:40 A m</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Charles R. Wilson M.D.</b>				22b. ADDRESS <b>714 Broadway Cape Girardeau, Mo.</b>		22c. DATE SIGNED <b>9-27-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Oct. 1, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>S. Marys Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Missouri</b>	
24. FUNERAL DIRECTOR <b>Walters Funeral Home</b>		ADDRESS <b>Cape Girardeau, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-30-1957</b>		26. REGISTRAR'S SIGNATURE <b>T. C. Summers</b>	

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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 *Virgil H. Welch* .....  
Licensed Embalmer No. *4119*

P. O. Address *Cape Girardeau*

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.