

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31297

State File No.

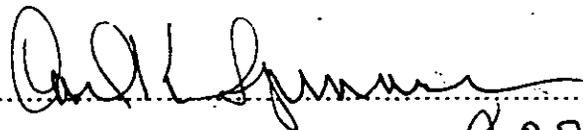
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|---|---|--|--|---|--|---|----------------------------------|
| BIRTH NO. | | REG. DIST. NO. <u>100</u> | | PRIMARY REG. DIST. NO. <u>3018</u> | | Registrar's No. <u>79</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Dent</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u> | | c. LENGTH OF STAY (in this place) <u>20 yrs</u> | | c. CITY OR TOWN <u>Salem</u> | | d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East 2nd st</u> | | | | e. STREET ADDRESS (If rural, give location) <u>East 2nd St</u> <u>233/2</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>David Henry</u> b. (Middle) <u>Keller</u> c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 22 1957</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Feb 6 1896</u> | | 9. AGE (In years last birthday) <u>61</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>general</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Dent Co Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S</u> | |
| 13a. FATHER'S NAME <u>James E Keller</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Rose Lee Collins</u> | | 14. NAME OF HUSBAND OR WIFE <u>Alma Parker Keller</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>489 12 3385</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alma Parker Keller Salem Mo</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> <u>Cerebral Sclerosis</u> 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. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>None</u> <u>2 yrs.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | | 20. AUTOPSY? <u>2</u> 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) | | | |
| 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 <u>3-2-54</u> , 19 <u> </u> , to <u>9-22-57</u> , 19 <u> </u> , that I last saw the deceased alive on <u>9-16-57</u> , 19 <u> </u> , and that death occurred at <u>2:15A m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | | | | 23b. ADDRESS <u>[Address]</u> | | 23c. DATE SIGNED <u>9/23/57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>9-24-57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Salem Dent Co. Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>9/24/57</u> | | REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. by P.L.M.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>[Address]</u> | |

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

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.....


Licensed Embalmer No. 237

P. O. Address.....
Palmyra

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.