

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

359

83

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 4055 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Easton</u>		c. LENGTH OF STAY (in this place) <u>14 Yrs</u>	c. CITY OR TOWN <u>Easton</u>		d. Is 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>home Easton Missouri</u>			e. STREET ADDRESS (If rural, give location) <u>0110</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gladys</u>		b. (Middle) <u>Kathleen</u>	c. (Last) <u>Keller</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1/23/58</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 24, 1905</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months Days
IF UNDER 11 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Edgar W. Snyder</u>		13b. MOTHER'S MAIDEN NAME <u>Mayme James</u>		14. NAME OF HUSBAND OR WIFE <u>James Keller, Easton, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Keller, Easton, Mo.</u> ADDRESS _____		
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>myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Embolism</u> 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>3 da</u> <u>2 da</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)	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>Jan. 22, 1958</u> , to <u>Jan. 23, 1958</u> , that I last saw the deceased alive on <u>Jan 23 1958</u> and that death occurred at <u>9:30P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>E. J. Quigg, M.D.</u>		23b. ADDRESS <u>Stewartville Mo</u>		23c. DATE SIGNED <u>1/24/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/26/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Keller Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Co. Mo.</u>		
DATE REC'D BY LOCAL REG <u>Jan 27, 1958</u>	REGISTRAR'S SIGNATURE <u>Mrs. Robert Fulton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Summerfield</u>	ADDRESS <u>Stewartville Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *W.E. Summerfield*

Licensed Embalmer No. *300*

P. O. Address *Stewartsville*

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.