

Dr. Cunningham
FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009555

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 277

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield <u>0396</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hosp.		Length of stay in lb 48 Yrs.	d. STREET ADDRESS (If outside, give location) 431 S. Warren		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First NOEL Middle H. Last KELLER			4. DATE OF DEATH Month March Day 14 Year 1958		
5. SEX Male <u>0</u>	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 Aug. 1 1909		9. AGE (In years) 48 (birth day)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Foreman		10b. KIND OF BUSINESS OR INDUSTRY Spfld., Seed Co.	11. BIRTHPLACE (City and state or country) Springfield, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Herschel L. Keller		13b. MOTHER'S MAIDEN NAME Ethel E. Montgomery		14. NAME OF HUSBAND OR WIFE Leona Keller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W. # 2		16. SOCIAL SECURITY NO. 499-10-2642		17. INFORMANT Address Mrs. Leona Keller Springfield, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
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 (c) Cerebral vascular accident					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 _____ 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 <u>2-25-58</u> to <u>3-14-58</u> and last saw him alive on <u>3-14-58</u> Death occurred at <u>10:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dean Cunningham			22b. ADDRESS Springfield, Mo		22c. DATE SIGNED 3-17-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/17/58		23c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery	
				23d. LOCATION (City, town, or county) (State) Near Springfield, Mo.	
24. FUNERAL DIRECTOR ADDRESS H.H. Lohmeyer Springfield, Mo.			25. DATE RECD. BY LOCAL REG. 3-18-58		26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 8 1958

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 *James T. Swadley*

Licensed Embalmer No. *41815*

P. O. Address *Franklin*

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.