

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015363

STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 295 Primary Registration District No. 6015 Registrar's No. 326

Health, Welfare
Public
Service

08804
300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>RANDOLPH</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HUNTSVILLE SPRING TWP</u>		a. STATE <u>MO</u>		b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HUNTSVILLE SPRING TWP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> A		c. CITY OR TOWN <u>SHELBYVILLE</u>		1020 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR PHARMACY VIEW INSTITUTION <u>REST HOME</u>			Length of stay in lb <u>7 MONTHS</u>	d. STREET ADDRESS <u>SHELBYVILLE MO</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. SEX	
First <u>PHILLIP</u>		Middle <u>—</u>		Last <u>KELLER JR</u>		Month <u>APRIL</u> Day <u>15</u> Year <u>1958</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MARCH 22, 1913</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and state or country) <u>GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>4</u>	
13. FATHER'S NAME <u>PHILLIP KELLER</u>				14. MOTHER'S MAIDEN NAME <u>MARGARET FELTMAN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT <u>MRS WAYNE FOX</u> Address <u>SHELBYVILLE MO</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>							?
DUE TO (c) <u>Smoking</u>							4201
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 <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a. m. <u>—</u> p. m. <u>—</u>							
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>Dec 1957</u> to <u>April 15, 58</u> and last saw <u>him</u> alive on <u>4-14-58</u> Death occurred at <u>—</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>M. C. Colley</u> (Degree of title)				22b. ADDRESS <u>24 Hunterville Mo</u>		22c. DATE SIGNED <u>4-18-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<u>BURIAL</u>		<u>4-18-58</u>	<u>MT Hope CEMETERY</u>		<u>SHELBY COUNTY MO</u>		
24. FUNERAL DIRECTOR <u>THOMPSON-GREENING</u> ADDRESS <u>SHELBYVILLE MO</u>			25. DATE RECD. BY LOCAL REG. <u>4-26-1958</u>		26. REGISTRAR'S SIGNATURE <u>Mary H. Bentley</u>		

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 *Charles V. Greening*.....

Licensed Embalmer No. *1462*

P. O. Address *Clarence*

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.