

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021575

STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 582 C

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| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Webster | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Mo. | | c. CITY OR TOWN Seymour, Mo 1120 0 | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOHN'S Hospital | | d. STREET ADDRESS (If outside, give location) | |
| Length of stay in 1b | | Reside on Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|----------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------|
| 3. NAME OF DECEASED (Type or print) First PEARL Middle Florene Last Keller | | | 4. DATE OF DEATH Month June Day 4 Year 1958 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 18, 1910 | | 9. AGE (In years last birthday) 47 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Webster Co, Mo | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME TERRILL COOK | | 13b. MOTHER'S MAIDEN NAME Alice BRUMBACK | | 14. NAME OF HUSBAND OR WIFE widowed, #3 | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give approximate dates of service) no | | 16. SOCIAL SECURITY NO. UNKNOWN | | 17. INFORMANT GLENN KELLER, SEYMOUR, MO | |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage et | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Arteriosclerosis generalized | |
| | DUE TO (c) 331X | |
| 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"/> |

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| 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 <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 |

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| 21. I attended the deceased from 3 June 1958 to 4 June 1958 and last saw ^{her} _{him} alive on 4 June 58 Death occurred at 1:00 p m on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE (Degree or title) Stanley A. Peterson MD | 22b. ADDRESS Springfield Mo | 22c. DATE SIGNED 6 June 58 |

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|------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 8, 1958 | 23c. NAME OF CEMETERY OR CREMATORY SEYMOUR CEM. | 23d. LOCATION (City, town, or county) (State) WEBSTER CO - MO |
| 24. FUNERAL DIRECTOR Bergman - Miller | ADDRESS 7 H. Seymour - Mo | 25. DATE RECD. BY LOCAL REG. 6-9-58 | 26. REGISTRAR'S SIGNATURE Offie B. Melton |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Embalmer's Statement on Reverse Side

0861 9 T NHP

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 *Max E Miller*

Licensed Embalmer No. *4720*
P. O. Address *Mansfield, N*

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.