

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022206

STATE FILE NUMBER

FILED JUL 8 1958 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prarie		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Oak Grove 7000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL INSTITUTION Jackson Co Hosp		Length of stay in lb 22hrs	d. STREET ADDRESS (If outside, give location) 4 Mi South
3. NAME OF DECEASED (Type or print) First Nannie Middle Susan Last Keller		4. DATE OF DEATH Month June Day 26 Year 1958	

5. SEX Fm	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 11 1870	9. AGE (In years last birthday) 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY House Wife		11. BIRTHPLACE (City and state or country) Lone Jack Mo
12. CITIZEN OF WHAT COUNTRY? USA				

13. FATHER'S NAME James Faulkenberry		14. MOTHER'S MAIDEN NAME Sarah Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) no		16. SOCIAL SECURITY NO. None	
17. INFORMANT Keith Davis		Address Blue Springs 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) Cerebro-Vascular accident			INTERVAL BETWEEN ONSET AND DEATH 24 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____		33 1/2
	DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arterio-Sclerotic Heart Disease			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 5-31-1958 to 6-26-58 and last saw her ^{him} alive on 6-18-58 Death occurred at 9:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE [Signature] (Degree or title) MD	22b. ADDRESS Oak Grove Mo	22c. DATE SIGNED 6/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-29 1958	23c. NAME OF CEMETERY OR CREMATORY Holliness Cem	23d. LOCATION (City, town, or county) (State) Oak Grove Mo
24. FUNERAL DIRECTOR Webb Funeral Home ADDRESS Oak Grove mo		25. DATE RECD. BY LOCAL REG. 6-30-1958	26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embolmer's Statement on Reverse Side)

Health, Welfare, Public Service
300 1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 17 1956

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..... *R. G. Webb*

Licensed Embalmer No..... *23*

P. O. Address..... *Blue Spring*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.