

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039041

STATE FILE NUMBER 1250

Registration District No. 042 Primary Registration District No. Registrar's No.

300 3  
1-57

1. PLACE OF DEATH  
a. COUNTY Buchanan  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Center Township Inside Limits Yes  No   
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Kelsey Nurseries Length of stay in lb 1 day  
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Buchanan  
c. CITY OR TOWN St. Joseph 0117 Inside Limits Yes  No   
d. STREET ADDRESS 5906 1/2 King Hill av. (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last J. (I.O.) D (I.O.) Keller  
4. DATE OF DEATH Month Day Year Nov. 20, 1958

5. SEX Male <sup>0</sup> 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH Dec. 3, 1898 9. AGE (In years last birthday) 59 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 11. BIRTHPLACE (City and state or country) Easton, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jefferson Davis Keller 13b. MOTHER'S MAIDEN NAME Frankie Deets 14. NAME OF HUSBAND OR WIFE Winnie Keller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 466-30-1430 17. INFORMANT Winnie Keller Address 5906 1/2 King Hill Ave.

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 Occlusion  
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 (a) \_\_\_\_\_  
INTERVAL BETWEEN ONSET AND DEATH immediate  
19. WAS AUTOPSY PERFORMED? YES  NO  4201

20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 March 1, 1958 to March 14, 58 and last saw her alive on March 14, 58  
Death occurred at 2:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Martin H Christ MD 22b. ADDRESS 6106 King Hill Avenue 22c. DATE SIGNED 11-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Nov. 22, 58 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. Nov. 23, 1958 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

All diseases in Part I must be causally related.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION  
 Dr. Martin H. Christ

**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 .....

Licensed Embalmer No.....

P. O. Address.....

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.