

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044675

STATE FILE NUMBER

FILED JAN 6 1958 Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE - Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DeSoto		c. CITY OR TOWN Hematite	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DeSoto Rest Home		d. STREET ADDRESS Keller Farm	
Length of stay in 1b 2 days		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Charlotte			4. DATE OF DEATH 12-29-58		
5. SEX F			6. COLOR OR RACE W		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>			8. DATE OF BIRTH Feb. 9, 1879		
9. AGE (In years last birthday) 79			10. KIND OF BUSINESS OR INDUSTRY		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper (Ret)			11. BIRTHPLACE (City and state or country) Hematite, Mo.		
13. FATHER'S NAME Edward Keller			14. MOTHER'S MAIDEN NAME Roseanna Cooper		
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. - - -		
17. INFORMANT Mr. Junius Keller, DeSoto, Missouri			Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malnutrition		INTERVAL BETWEEN ONSET AND DEATH	
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) General Infirmities		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 12-28-58 to 12-29-58 and last saw her alive on 12-29-58 Death occurred at 6:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Chas E Fallett M.D.		22b. ADDRESS De Soto Mo	
		22c. DATE SIGNED 12-29-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 30, 1958	
23c. NAME OF CEMETERY OR CREMATORY Hematite Methodist		23d. LOCATION (City, town, or county) Hematite, Missouri (State)	
24. FUNERAL DIRECTOR ADDRESS Vinyard Fun'l Homes, Inc., Festus, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 30-1958	
		26. REGISTRAR'S SIGNATURE Marie Ferris	

(Licensed Embalmer's Statement on Reverse Side)

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

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1-56

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DATE RECEIVED
JAN 5 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.....
Walter B. King

Licensed Embalmer No. *492*

P. O. Address *Fleetus*

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