

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045129
STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 274 Primary Registration District No. 5923 Registrar's No. 477

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1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Sedalia 0800 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Buena Vista		d. STREET ADDRESS (If outside, give location) Buena Vista Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Carolina Middle Kellner Last Kellner		4. DATE OF DEATH Month Dec. Day 14 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"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 5, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Woolam, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Koepke		13b. MOTHER'S MAIDEN NAME Augusta Barlish	
14. NAME OF HUSBAND OR WIFE Edward Schroeder		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address William Schroeder, Hughsville, Missouri	
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 apoplexy arteriosclerosis. 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) Senility - Malnutrition.			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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Jan-1958 to death and last saw him alive on 20 Nov-58 Death occurred at 12:00 NOON m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul D. Tower MD (Degree or title)		22b. ADDRESS Sedalia mo	
22c. DATE SIGNED 14 Dec 58		23. NAME OF CEMETERY OR CREMATORY Owensville City Cemetery Owensville, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 15, 1958	
24. FUNERAL DIRECTOR D. W. Heckart		25. DATE RECD. BY LOCAL REG. Dec 14-1958	
26. REGISTRAR'S SIGNATURE Frances Shelby		27. ADDRESS Sedalia, Missouri	

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *D. L. Shaffer*

Licensed Embalmer No. *5063* ...
P. O. Address *Seale, Va.*

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.