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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006762
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 910 Primary Registration District No. 3058 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Charles — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph Hosp — Length of stay in 1b DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Charles
c. CITY OR TOWN St. Charles — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RR #2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Milton, Middle Roland, Last Keiser
4. DATE OF DEATH: Month 2, Day 7, Year 59
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 12/2/41
9. AGE (In years last birthday) 17 — IF UNDER 1 YEAR: Months 2, Days 5 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) High School Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Weldon Spring
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Clyde W. Keiser
13b. MOTHER'S MAIDEN NAME Eleanora Kohlhepp
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-44-5570
17. INFORMANT Clyde W. Keiser, Address St. Charles RR #2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Crushed chest — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Fracture forearm
DUE TO (c) 9101
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 3
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Tree fell across patient
20c. TIME OF INJURY 1 P.M. Hour a.m. p.m. Month, Day, Year 2-7-59
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.) Farm
20f. CITY, TOWN, OR LOCATION Wentzville COUNTY St. Charles STATE Mo

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at DOA at hospital m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Russell Hulder (Degree or title) MD
22b. ADDRESS St Charles, Mo
22c. DATE SIGNED Feb 9, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/10/59
23c. NAME OF CEMETERY OR CREMATORY Emmanuel E & R Cemetery
23d. LOCATION (City, town, or county) Weldon Spring (State) Mo.

24. FUNERAL DIRECTOR T. J. Pitman, ADDRESS Wentzville, Mo.
25. DATE RECD. BY LOCAL REG. FEB 9-59
26. REGISTRAR'S SIGNATURE Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 25 1959

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 Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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.