

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014352  
STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 154

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sedalia 0804 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Length of stay in 1b 10 years	d. STREET ADDRESS (If outside, give location) 318 East Third
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ALBERT KELLER			4. DATE OF DEATH Month Day Year May 7, 1959			
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 22, 1904	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Labor	11. BIRTHPLACE (City and state or country) Moniteau County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Lewis Keller		13b. MOTHER'S MAIDEN NAME Lucina McNeal		14. NAME OF HUSBAND OR WIFE *****		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 492-18-3253	17. INFORMANT Address J.C. McNeal, 1020 E. Broadway, Sedalia, 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) Starvation		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Simple Schizophrenia		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mental Deficiency		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 <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 March 14, 1959 to May 7, 1959 and last saw <del>her</del> him alive on May 6, 1959 Death occurred at 3:30 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE Paul A. Tower M.D. (Degree or title)	22b. ADDRESS 101 1/2 S. Ohio	22c. DATE SIGNED May 8, 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/9/59	23c. NAME OF CEMETERY OR CREMATORY Olive Branch Cemetery	23d. LOCATION (City, town, or county) (State) Rural Pettis County, Mo.
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24. FUNERAL DIRECTOR Ewing	ADDRESS Sedalia, Mo.	25. DATE RECD. BY LOCAL REG. 5/8/1959	26. REGISTRAR'S SIGNATURE Frances Sheehy
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(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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

300  
1-57 0

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 *P. E. Baker* .....

Licensed Embalmer No. *2419* .....

P. O. Address *Seclusion Mo* .....

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.