

VITAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037041

FILED VS OCT 19 1959

STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 67

ENDE

1. PLACE OF DEATH a. COUNTY <u>OSAGE</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Crawford Twp</u> Length of stay in lb c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Linn Manor Rest Home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u> c. CITY OR TOWN <u>Linn RD</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>NETTIE</u> Middle <u>KEILHOLZ</u> Last <u>KEILHOLZ</u>			4. DATE OF DEATH Month <u>OCT</u> Day <u>13</u> Year <u>1959</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/22/1895</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>21</u> Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>homemaker</u>		11. BIRTHPLACE (City and state or country) <u>Windthorst, Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Bernard Indiek</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Melinhoff</u>		14. NAME OF HUSBAND OR WIFE <u>John J Keilholz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>295-12-2775</u>	17. INFORMANT Address <u>John J. Keilholz Linn Mo RFD #2</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial failure</u> DUE TO (b) <u>Hypostatic pneumonia</u> DUE TO (c) <u>Multifocal Carcinoma lungs. Breast primary site.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>154m.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u></u> a.m. <u></u> p.m. <u></u>		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 <u>12/57</u> to <u>10-13-59</u> and last saw her ^{him} alive on <u>10-13-59</u> . Death occurred at <u>9 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Arthur W. Baldwin D.O.</u>			22b. ADDRESS <u>Linn</u>		22c. DATE SIGNED <u>10/14/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>10/16/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St George Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Linn Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Clyde Morton Linn Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10/14/59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Lyle Morton</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 26 1963

OCT 26 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon M. Moden

Licensed Embalmer No. 4125

P. O. Address Linn, Mo.

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