

Dept. Health,  
Inc., & Welfare  
U. S. Public  
Health Service

FILED VS NOV 5 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-037202

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. \_\_\_\_\_ Registrar's No. 61

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <b>Putnam</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Putnam</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Unionville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Rural- Elm Tmp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Monroe Hospital</b>		Length of stay in lb <b>2 days</b>	d. STREET ADDRESS (If outside, give location) <b>Livonia, Mo.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Alta</b> Middle <b>May</b> Last <b>Keller</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>28</b> Year <b>1959</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 6, 1877</b>		9. AGE (In years last birthday) <b>82</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Iowa</b>	
13a. FATHER'S NAME <b>Francis Keller</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Herald</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Mildred Brown--Livonia, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause of death for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Shock due to perforation of ulcer of stomach</b> DUE TO (b) _____ DUE TO (c) _____ CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Security</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b>	
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.) <b>5401</b>			
20c. TIME OF INJURY Hour _____ 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 death occurred at <b>Oct 26-59</b> to <b>Oct 25-59</b> and last saw her alive on <b>Oct 25-59</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Charles L. Spiller</b>		22b. ADDRESS <b>Livonia, Mo.</b>	
22c. DATE SIGNED <b>10-29-59</b>		23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
<b>Burial</b>		<b>Nov. 1, 1959</b>		<b>McCune Cem.</b>	
23d. LOCATION (City, town, or county)		23e. (State)			
<b>Putnam Co. Mo.</b>		24. FUNERAL DIRECTOR <b>F.O. Husted &amp; Son - Unionville, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>10-31-59</b>	
26. REGISTRAR'S SIGNATURE <b>Marshall Durbin</b>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

securing the medical certification in the specific manner required by 193.140 MoRS 1949. 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.

266-0

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 *Murl E. Heated* .....

Licensed Embalmer No. *3304* .....

P. O. Address *Unionville, 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.