

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004472

STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 35

FILED VS FEB 20 1961

DATE AMENDED 4/12/61
 ITEM NO. 18b SHOULD READ Carcinomatosis with perforation of ileum
 18c Primary carcinoma--uterus
 BY AFFIDAVIT OF attending physician

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 5 weeks		c. CITY OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirksville Osteo. Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1302 S. Ann		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last Letha Keller				4. DATE OF DEATH Month Day Year Feb. 11, 1961									
5. SEX female		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/17/1901		9. AGE (last birthday) 59		IF UNDER 1 YEAR Months 11 Days 22		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY housekeeping		11. BIRTHPLACE (City and state or country) Queen City, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME Harry G. Piner				13b. MOTHER'S MAIDEN NAME Parmellia Vestal				14. NAME OF HUSBAND OR WIFE Carl G. Keller					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.		17. INFORMANT Address Carl G. Keller, Kirksville, 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) <i>Generalized peritonitis</i> <i>Carcinomatosis with Perforation of ileum</i> DUE TO (b) <i>Perforation of gut.</i> DUE TO (c) <i>Primary Carcinoma-- Uterus</i> <i>To be amended after microscopic exam of tissue</i> 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										INTERVAL BETWEEN ONSET AND DEATH <i>one week</i> <i>3 yrs.</i> <i>unknown</i>			
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 Month, Day, Year a.m. p.m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <i>July 1960</i> to <i>Feb. 11, 1961</i> and last saw her <i>live</i> on <i>Feb 11, 1961</i> Death occurred at <i>Feb 11 - 1961 - 11:30 a</i> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>Dr. B. Thompson D.O.</i>				22b. ADDRESS <i>800 W. Jefferson Kirksville</i>				22c. DATE SIGNED <i>2-13-61</i>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>2-15-61</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Owenby Cemetery</i>		23d. LOCATION (City, town, or county) <i>Kirksville, Mo.</i>		(State)					
24. FUNERAL DIRECTOR ADDRESS <i>Dee Riley Funeral Home, Inc., Kirksville,</i>				25. DATE RECD. BY LOCAL REG. <i>Feb. 14, 1961</i>		26. REGISTRAR'S SIGNATURE <i>Dora W. Rattiff</i>							
(Licensed Embalmer's Statement on Reverse Side)													

MEDICAL CERTIFICATION

Ross B. Thompson, D.O.

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 Larry K. Jackson, Student Embalmer No. 618
working under my personal supervision.

Student Larry K. Jackson
Signature of Student Embalmer

Signed Larry K. Jackson

Licensed Embalmer No. 3954

P. O. Address _____

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.