MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-026351
STATE FILE NUMBER

AMENDED

Registration District No. 894 Primary Registration District No. 104 Registrar's No. 101

FILED JUL 24 1961

1. PLACE OF DEATH
a. COUNTY Reynolds
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centerville — Length of stay in 1b: 7 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First: John Middle: - Last: Keppler
4. DATE OF DEATH Month, Day, Year: July 2, 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: Aug 25, 1884
9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Street Car Conductor
10b. KIND OF BUSINESS OR INDUSTRY: Public Service
11. BIRTHPLACE (City and state or country): Germany (age stated is approximate)
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: - Keppler
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Ida M. Allrich (divorced)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NA
17. INFORMANT: Eda H. Allrich, Address: 427 W. Oak, Lodi, Calif

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) Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 4 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocarditis, chronic — 10 years.
DUE TO (c) Arteriosclerosis, general — 10 years.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 18, 1960, to July 2, 1961 and last saw her/him alive on June 28, 1961
Death occurred at 5 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ben M. Bull, M.D.
22b. ADDRESS: Ironton, Mo.
22c. DATE SIGNED: 7-4-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-4-61
23c. NAME OF CEMETERY OR CREMATORY: Centerville, City.
23d. LOCATION (City, town, or county) (State): Centerville, Mo.

24. FUNERAL DIRECTOR: Pewitt Funeral Home, ADDRESS: Ellington, Mo.
25. DATE RECD. BY LOCAL REG.: 7-20-1961
26. REGISTRAR'S SIGNATURE: Fred May, Deputy

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

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_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4575

P. O. Address Ellington, 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.