

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035632

STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 91

FILED OCT 3 1961

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Texas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Houston</b>		Length of stay in 1b <b>2 days</b>	c. CITY OR TOWN <b>Mountain Grove</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Texas County Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rural Route #3</b>
3. NAME OF DECEASED (Type or print) First <b>Emmett</b> Middle <b>Murrell</b> Last <b>Keller</b>			4. DATE OF DEATH Month <b>August</b> Day <b>4</b> Year <b>1961</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/15/1899</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>General Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>61 Yrs</b>
11. BIRTHPLACE (City and state or country) <b>Hartville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>William Keller</b>		13b. MOTHER'S MAIDEN NAME <b>Dollie Thornhill</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs Viola Keller</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>Mrs Viola Keller - Mtn. Grove, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b> DUE TO (b) <b>CORONARY Thrombosis with Acute Myocardial INFARCTION -</b> DUE TO (c) <b>Arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cholecystectomy (24 hrs)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b> <b>12 hrs.</b> <b>undetermined</b>
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 a.m. p.m.		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 <b>Sept 1959</b> to <b>August 4-1961</b> and last saw him alive on <b>August 4-1961</b> Death occurred at <b>10:30 A.m</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Richard G. Mitehem MD</b>		22b. ADDRESS <b>Mountain Grove, Mo</b>	22c. DATE SIGNED <b>9-19-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/6/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cold Water Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Wright County, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Barber Funeral Home - Mtn. Grove, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>9-29-61</b>	26. REGISTRAR'S SIGNATURE <b>Myrtle Craig R.R.D</b>

**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 George Stapp

Licensed Embalmer No. 3161

P. O. Address W. H. Brown, 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.