

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10024** STATE FILE NUMBER

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

FILED NOV 8 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis**
 Length of stay in 1b **1 Mo 10 days**
 c. CITY OR TOWN **Muscotah**
 Inside Limits Yes No
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis-Little Rock Hospital, Inc.**
 Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **Box 194**
 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Sigmond** Middle **Madison** Last **Keller**
 4. DATE OF DEATH Month **October** Day **27** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **12-26-1888** 9. AGE (last birthday) **72**
 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) **Presr. Sgt. Telegrapher**
 10b. KIND OF BUSINESS OR INDUSTRY **Railroad**
 11. BIRTHPLACE (City and state or country) **Lamar, Missouri**
 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Thomas J. Keller** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) **none**
 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **Darrell Keller** Address **Muscotah, Kansas**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Cirrhosis of the Liver** INTERVAL BETWEEN ONSET AND DEATH **Several months**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____
 DUE TO (c) **581.0**

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 **Sept. 17, 1961** to **Oct. 27, 1961** and last saw him alive on **Oct. 26, 1961**
 Death occurred at **8:15 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Benjamin H. Cleaver, 2. O.** 22b. ADDRESS **1755 S. Grand Blvd.** 22c. DATE SIGNED **Oct. 27, 1961**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **10-28-61** 23c. NAME OF CEMETERY OR CREMATORY _____ 23d. LOCATION (City, town, or county) **Muscotah, Kansas** (State) _____

24. FUNERAL DIRECTOR ADDRESS **Albert H. Hoppe Inc., 4700 Washington, Blvd.** 25. DATE RECD. BY LOCAL REG. **OCT 28 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

NOV 14 1961

NOV 22 1961

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 Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

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.