

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-040201

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

Primary Registration District No. _____

Registrar's No. _____

1186

STATE FILE NUMBER

AMENDED

Registration District No. _____
FILED NOV 24 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
M. H. Christ, M.D.
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dearborn		c. CITY OR TOWN Dearborn	
Length of stay in 1b 1 yr		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural, Crawford Twsp		d. STREET ADDRESS (If outside, give location) Rural, Crawford Twsp	
3. NAME OF DECEASED (Type or print) First Lyman Middle B Last Keller		4. DATE OF DEATH Month Nov. Day 13, Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 8, 1916
9. AGE (last birthday) 45		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Thomas Okla.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Claude M Keller	
13b. MOTHER'S MAIDEN NAME Lillian		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWII		17. INFORMANT Address Mrs. E.E. Schneider--Faucett, 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) Unattended Death Apparently due to Natural Causes DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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
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. Month, Day, Year _____		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 _____ to 11/13/61 and last saw her/him alive on _____ 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 <i>Martin A. Christ M.D.</i>		22b. ADDRESS 6106 King Hill Ave	
22c. DATE SIGNED 11-17-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/16/61	23c. NAME OF CEMETERY OR CREMATORY Allen Cemetery	
23d. LOCATION (City, town, or county) (State) Gower Mo			
24. FUNERAL DIRECTOR ADDRESS <i>John E. Orupp</i> St. Joseph, Mo		25. DATE RECD. BY LOCAL REG. Nov. 22, 1961	
26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>			

NOV 27 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

on _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph

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.