

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018677

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 124 Primary Registration District No. 2000 Registrar's No. 863A

FILED JUN 11 1962

VS 300
 Rev. 4/59
 10397
 20397
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 4 0
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 40 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Burge Protestant Hospital		d. STREET ADDRESS (If outside, give location) 1935 N. Glenstone	
3. NAME OF DECEASED (Type or print) First Middle Last MYRON VINCENT KELLER		4. DATE OF DEATH Month Day Year May 29, 1962	
5. SEX Male	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 September 12, 1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Circulation Manager		11. BIRTHPLACE (City and state or country) Dallas County, Missouri	
13a. FATHER'S NAME Henry J. Keller		14. NAME OF HUSBAND OR WIFE Bessie Fern Keller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		17. INFORMANT Address Mrs. Bessie Fern Keller Springfield, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hour
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 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. 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 Jan 19 56 to May 29, 1962 and last saw her/him alive on May 29, 1962 Death occurred at 4 P. on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) J. P. Duncan M.D.		22b. ADDRESS Springfield, MO	
22c. DATE SIGNED 6-1-62		23. LOCATION (City, town, or county) (State) Springfield, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 1, 1962	
23c. NAME OF CEMETERY OR CREMATORY Hazelwood		23d. LOCATION (City, town, or county) (State) Springfield, Missouri	
24. FUNERAL DIRECTOR ADDRESS Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri		25. DATE RECD. BY LOCAL REG. 6-4-62	
26. REGISTRAR'S SIGNATURE Effie H. Melton			

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FEB 20 1963

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 L. Doolan Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.

permt record 5-31-62