

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**6287** **63-044043**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6287

**FILED DEC - 2 1963**

VS 300  
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **R. R. BECKER**

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>17 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Trinity Luthern Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1310 East 73rd</b>
3. NAME OF DECEASED (Type or print) First <b>NELLIE</b> Middle <b>R.</b> Last <b>KELLER</b>		4. DATE OF DEATH Month <b>November</b> Day <b>18</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-20-1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (last birthday) <b>90</b>
11a. FATHER'S NAME <b>James Hardin Little</b>		11b. MOTHER'S MAIDEN NAME <b>Hester Cresswell</b>	11c. NAME OF HUSBAND OR WIFE <b>Charles W. Keller -dec'd.</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>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Hugh Keller, 1310 73rd St. Kansas City, Mo.</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>Embolism of Cerebral Artery</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
DUE TO (b) <b>Auricular fibrillation</b>			<b>5 years</b>
DUE TO (c) <b>Arteriosclerotic Heart Disease</b>			<b>15 years</b>
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 checked="" 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.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Oct. 5, 1962</b> to <b>Nov. 18, 1963</b> and last saw her/him alive on <b>Nov. 18, 1963</b> . Death occurred at <b>7:10 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>R. R. Becker M.D.</b> (Degree or title)		22b. ADDRESS <b>4000 Baltimore Kansas City, Mo</b>	
22c. DATE SIGNED <b>11/19/63</b> (State)		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>11-27-63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Norborne, Missouri</b>		24. FUNERAL DIRECTOR <b>Geo. C. Carson &amp; Sons, Independence, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>11-19-63</b>		26. REGISTRAR'S SIGNATURE <b>Bessie Smith</b>	

FILED DEC - 3 1963

Jackson Missouri

Jackson

XX Kansas City

Kansas City

XX 1210 East 73rd

Tanaka Medical Hos

November 13, 1963

KELLY

WELLS

2-20-1273 99

WELLS

WELLS

W.A.A. Missouri

Missouri

Charles W. Keller - 404 J.

Eastern Cemetery

James Martin Little

Hubert Keller, 1310 73rd St. Kansas City, Mo.

Home

W

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

*Rollie Kessel*

Licensed Embalmer No. 4690

P. O. Address Indep. 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.

52-17-22

MISSOURI