

FILED JUL 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22592

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 6260 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Diggins</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Diggins</u> <u>1170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leola</u> b. (Middle) <u>Bell</u> c. (Last) <u>Keller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 15 1950</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>June 3, 1890</u>		9. AGE (In years last birthday) <u>60</u>		10. IF UNDER 1 YEAR: Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Webster Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Bryan Julian</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Renner</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Keller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Louise Keller</u> ADDRESS <u>Diggins Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>337-X</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Pyelitis</u>		<u>2 years</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from June 8, 1950, to _____, 19____, that I last saw the deceased alive on June 8, 1950, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

22a. SIGNATURE <u>Dorton E. Levitan, M.D.</u> (Degree or title)		22b. ADDRESS <u>Marshfield</u>		22c. DATE SIGNED <u>June 21, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seymour</u>	
		24d. LOCATION (City, town, or county) (State) <u>Seymour Mo.</u>			

DATE REC'D BY LOCAL REG. <u>6-23-50</u>		REGISTRAR'S SIGNATURE <u>Lester D. Goodkelly</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leverell Bergman</u> ADDRESS <u>Seymour Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

RECEIVED JUN 26 1960

District Health Office No. 6,

District File Number 6-50-708

Date Filed 6-26-50

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
Student Embalmer

Signed: H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fairland me.

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 this body is not embalmed, fact should be so stated above.