

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0001365

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 47

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0421
2 0421
3
4 1
5 1
6
7 1
8 2
9 260X
10
11
12 90-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.

FILED FEB 14 1967

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Windsor		Length of stay in 1b 11 years	c. CITY OR TOWN Windsor Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 305 E. Colt		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 305 E. Colt Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FLOSSIE L. KEEL			4. DATE OF DEATH Month Day Year January 31, 1967
5. SEX Female	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 4/23/1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 75 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Bowie, Texas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Isaiah Williams		13b. MOTHER'S MAIDEN NAME Clara Dyer	14. NAME OF HUSBAND OR WIFE Homer W. Keel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 440-0344236	17. INFORMANT Address Mr. Homer W. Keel Windsor, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Acute Cardio-Respiratory Collapse Cerebral Vascular Accident Diabetes Mellitus and Advanced Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 60 min. 10 min. 10 yrs.
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 <u>3-26-59</u> to <u>1-31-67</u> and last saw her/him alive on <u>1-31-67</u> Death occurred at <u>6:30 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Clude M. Thurber, M.D.		22b. ADDRESS Windsor, Mo.	22c. DATE SIGNED 2-3-67
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-5-1967	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery	23d. LOCATION (City, town, or county) Windsor, Missouri (State)
24. FUNERAL DIRECTOR Huston-Hadley Windsor, Mo.		25. DATE RECD. BY LOCAL REG. 2-8-67	26. REGISTRAR'S SIGNATURE Mildred Bigum

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

12-26-67

FEB 21 1967

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 Robert W. Holley

Licensed Embalmer No. 5220

P. O. Address Windsor, 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.