

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24043**

FILED JUL 18 1950

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **234**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Monroe City 169.0	
c. LENGTH OF STAY (in this place) 4 DAYS		d. STREET ADDRESS (If rural, give location) 104 S main	
d. FULL NAME OF HOSPITAL OR INSTITUTION STELIZABETH Hospital			

3. NAME OF DECEASED a. (First) Philip b. (Middle) Henry c. (Last) KELLER			4. DATE OF DEATH (Month) (Day) (Year) JULY 9 1950		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH NOVEMBER 18TH 1891		9. AGE (In years last birthday) 58		10. IF UNDER 1 YEAR: Days 7 Hours 21 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (State or foreign country) SHELBY COUNTY MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME PETER KELLER		13b. MOTHER'S MAIDEN NAME KATHERN QUENZER		14. NAME OF HUSBAND OR WIFE ELSE KELLER	
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. 488-24-8635		17. INFORMANT'S SIGNATURE OR NAME Lelsie Keller	
				ADDRESS Monroe Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular disease			INTERVAL BETWEEN ONSET AND DEATH 5810
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. myocarditis			

19a. DATE OF OPERATION July 7		19b. MAJOR FINDINGS OF OPERATION none except pinpoints		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **July 6, 1950**, to **July 9, 1950**, that I last saw the deceased alive on **July 9, 1950**, and that death occurred at **9:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. J. Reubman Mo		23b. ADDRESS 104 S. Main Hannibal Mo		23c. DATE SIGNED 7/10/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/11-50		24c. NAME OF CEMETERY OR CREMATORY LaPlata Cemetery	
				24d. LOCATION (City, town, or county) (State) LaPlata Missouri	

DATE REC'D BY LOCAL REG. 7/10/50		REGISTRAR'S SIGNATURE W. C. ...		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SON	
				ADDRESS Monroe City Mo.	

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

RECEIVED JUL 14 1950

UNION CO. HEALTH DEPT.

DATE FILED JUL 17 1950

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 Leslie L. Thilman

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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 this body is not embalmed, fact should be so stated above.