

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30652

State File No. \_\_\_\_\_  
Registrar's No. 155

BIRTH NO. 58187 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

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

43  
0

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Andrew</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsburg Mo</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery City Mo</u>   |  |
| c. LENGTH OF STAY (in this place) <u>2 1/2 hrs</u>  |  | d. STREET ADDRESS (If rural, give location) <u>Star Route 1</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missio. General Hosp.</u>                                |  |  |  |

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|--|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Baby</u> b. (Middle) <u>M<sup>c</sup></u> c. (Last) <u>Keller</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Oct 1 52</u> |   |  |
| 5. SEX <u>F</u>  |  | 6. COLOR OR RACE <u>W</u>                |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>             |  |
| 8. DATE OF BIRTH <u>Sept 30 52</u>   |  | 9. AGE (In years last birthday) <u>—</u> |  | IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>28</u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                            |  | 10b. KIND OF BUSINESS OR INDUSTRY        |  | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>                   |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>0</u>  |  |  |  |   |  |

|   |  |  |  |                             |  |
|---|--|--|--|-----------------------------|--|
| 13a. FATHER'S NAME <u>Harlan M<sup>c</sup> Keller</u> |  | 13b. MOTHER'S MAIDEN NAME <u>Dathel C. Raven</u> |  | 14. NAME OF HUSBAND OR WIFE |  |
|---|--|--|--|-----------------------------|--|

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|--|--|-------------------------------|--|--|--|
| 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>Mrs Dathel M<sup>c</sup> Keller</u> ADDRESS <u>Rural Williamsburg</u> |  |
|--|--|-------------------------------|--|--|--|

|   |  |  |  |  |  |                                  |  |
|---|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth (6 months)</u>  |  | DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> |  |  |  | <u>28 hours</u>                  |  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | DUE TO (c)   |  |  |  |                                  |  |
| II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>       |  |  |  |  |  |                                  |  |

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|------------------------|--|--|--|--|--|--|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION <u>776X</u> |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
|------------------------|--|--|--|--|--|--|--|

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|--|--|--|--|---|--|
| 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) (Min.) |  |  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? |  |
|--|--|--|--|--|--|----------------------------|--|

22. I hereby certify that I attended the deceased from 9-30, 1952, to 10-1, 1952, that I last saw the deceased alive on 10-1, 1952, and that death occurred at 7:10 P m., from the causes and on the date stated above.

|   |  |                                   |  |                                 |  |
|---|--|-----------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>H. W. Green</u> (Degree or title) <u>MD</u> |  | 23b. ADDRESS <u>Frederic, Mo.</u> |  | 23c. DATE SIGNED <u>10-1-52</u> |  |
|---|--|-----------------------------------|--|---------------------------------|--|

|   |  |                           |  |  |  |  |  |
|---|--|---------------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> |  | 24b. DATE <u>Oct 2 52</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Williamsburg</u> |  | 24d. LOCATION (City, town, or county) (State) <u>Williamsburg Mo</u> |  |
|---|--|---------------------------|--|--|--|--|--|

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>Oct 1-1952</u> |  | REGISTRAR'S SIGNATURE <u>Blanche Neely</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Oliver Hopkins</u> ADDRESS <u>Montgomery</u> |  |
|--|--|--|--|--|--|

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 \_\_\_\_\_

*There was no embalming*

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*H. B. Wells*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *1588*

P. O. Address *Hellsville 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.