Health, Welfare Public Service

300 1-57

FILED FEB 27 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008239

STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY WRIGHT
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) MTN. GROVE — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 302 FRONT ST. — Length of stay in 1b 2 WEEKS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY WRIGHT
c. CITY OR TOWN MTN. GROVE 1141 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 302 Front St — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Middle Last: HENRY CLARENCE KELLER

4. DATE OF DEATH Month Day Year: FEB. 7 1959

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH: FEB. 5 1870

9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: SAME

11. BIRTHPLACE (City and state or country): BALTIMORE MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: JOHN T. KELLER

13b. MOTHER'S MAIDEN NAME: UNKOWN

14. NAME OF HUSBAND OR WIFE: IDA BELL PENNEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Ed. KELLER Mtn Grove, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) "Prostatism" with Pyelitis and Purulent Urinary Cystitis — 2 mo.

DUE TO (c) Prostatic Hypertrophy — undetermined

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 610X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 December 30 58 to Feb 5, 1959 and last saw ~~her~~ him alive on Feb 5 1959. Death occurred at 2:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard E. Mitchem DO

22b. ADDRESS: Mtn Grove, Mo

22c. DATE SIGNED: 2-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 2-9-59

23c. NAME OF CEMETERY OR CREMATORY: DENLOW Cemetery

23d. LOCATION (City, town, or county) (State): DOUGLAS CO. MO

24. FUNERAL DIRECTOR ADDRESS: BARBER F. HOME MTN. GROVE MO

25. DATE RECD. BY LOCAL REG.: FEB-16-1959

26. REGISTRAR'S SIGNATURE: Bernice L. Silverman

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

223-59

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 ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No. 3848

P. O. Address .....

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.