

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18580**

ED JUN 11 1948
District No. **254**

Primary Registration District No. **4386**

Registrar's No.

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

75
1
0

1. PLACE OF DEATH:

(a) County... Oregon

(b) City or town... Thayer
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... _____ (Specify whether years, months or days)

In this community... 24 years

3. (a) PRINT FULL NAME Christopher Columbus Kellett

3. (b) If veteran, name war... --

3. (c) Social Security No.... --

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
6. (b) Name of husband or wife <u>Jane Webber Kellett</u>	6. (c) Age of husband or wife if alive <u>60</u> years	
7. Birth date of deceased <u>Oct. 14 1867</u> <small>(Month) (Day) (Year)</small>		

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>14</u>hr.min.

9. Birthplace Randolph County, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Taxi Driver

11. Industry or business _____

12. Name James Kellett

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Sadler

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jane Kellett

(b) Address Thayer, Mo.

17. (a) Burial Thayer Cem. **(b) Date thereof** 5/1/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cem.

18. (a) Signature of funeral director Geo. Parr

(b) Address Thayer, Mo.

19. (a) 5-8-43 **(b) Geo. W. Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Oregon

(c) City or town... Thayer
(If outside city or town limits, write "RURAL")

(d) Street No... 0
(If rural, give location)

(e) Citizen of foreign country?..... 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1943 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from April 28
1943 to April 28, 1943
that I last saw h... live on April 28
and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary Thrombosis

Due to... Myocardial Heart Disease

Due to... _____

Other conditions... 930
(Include pregnancy within 3 months of death)

Major findings:
Of operations... _____

Of autopsy... _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature Geo. W. Williams (M. D. or other) MD

Address... Thayer, Mo. Date signed 5-1-43

Duration

1 hour

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No 5,

District File Number 643369

Date Filed 6-8-43

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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