

FILED FEB 15 1949

STANDARD CERTIFICATE OF DEATH

State File No. **1923**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **2767** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Charleston, Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Charleston, Rural</b>	
c. LENGTH OF STAY (in this place) <b>15 years</b>		d. STREET ADDRESS (If rural, give location) <b>7 miles north of Charleston</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>7 miles north of Charleston</b>		d. STREET ADDRESS (If rural, give location) <b>7 miles north of Charleston</b>	

3. NAME OF DECEASED a. (First) <b>Odelia</b> b. (Middle) <b>Catherine</b> c. (Last) <b>Kelly</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-31-49</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>9-9-1877</b>		9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR: Months <b>3</b> Days <b>22</b> IF UNDER 10 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Housewife.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Little Rock, Arkansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>John Heiman</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Wheeler</b>		14. NAME OF HUSBAND OR WIFE <b>William Kelly, Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-----</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Tillie Daniels, R#2, Charleston, Mo.</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Jan 9-49</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		<b>DK</b>	
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Myocarditis</b>		<b>DK</b>	

19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>none</b>		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?	

22. I hereby certify that I attended the deceased from **Jan 9, 1949**, to **Jan 31, 1949**, that I last saw the deceased alive on **Jan 31, 1949**, and that death occurred at **12:30P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. Ches. Salvinger M.D.</b> (Degree or title)		23b. ADDRESS <b>Charleston, Missouri</b>		23c. DATE SIGNED <b>2-2-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-2-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Charleston, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>Feb 5 1949</b>		REGISTRAR'S SIGNATURE <b>Mrs. John Bonducaut</b> <b>196</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Joe R. Nunnelee</b> ADDRESS <b>Charleston, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2

District File Number 249-249

Date Filed 2-16-49

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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 Joe R. Minnabee

Licensed Embalmer No. 4413

P. O. Address Charleston, 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.