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

FILED FEB 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2026

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>NOBADAWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Andrew</b>	
b. CITY OR TOWN <b>MARYVILLE</b>		c. CITY OR TOWN <b>RURAL 7 mi S.E. Savannah</b>	
c. LENGTH OF STAY (in this place) <b>1 DAY</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Frances Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Donald Eugene</b>	b. (Middle) <b>Kelly</b>	c. (Last) <b>Kelly</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>1 22 1949</b>

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S U</b>	8. DATE OF BIRTH <b>JAN 11 - 1930</b>	9. AGE (In years last birthday) <b>19</b>	IF UNDER 1 YEAR Months <b>-</b> Days <b>11</b>	IF UNDER 24 HRS. Hours <b>-</b> Min. <b>-</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>OSBURN MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>William Kelly</b>	13b. MOTHER'S MAIDEN NAME <b>MARHAB GLASS</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William J. Kelly</b>	ADDRESS <b>SAVANNAH MO</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rupture of Aorta</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Probably due to arteriosclerosis</b>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>50%</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>-</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **1-21-49**, to **1-22-49**, that I last saw the deceased alive on **1-22-49**, and that death occurred at **11:49 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edward Henry M.D. Savannah Mo</b>	23b. ADDRESS	23c. DATE SIGNED <b>1-22-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1-24-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Oregon MO</b>
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DATE REC'D BY LOCAL REG. <b>1-29-49</b>	REGISTRAR'S SIGNATURE <b>Beas Hall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. G. Breit</b>	ADDRESS <b>SAVANNAH MO</b>
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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.

Signed..... *E. G. Breit* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *2650* .....

P. O. Address *Savannah 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.