

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3994**
Registrar's No. **18**

FILED FEB 17 1949

BIRTH NO. _____ REG. DIST. NO. **22** PRIMARY REG. DIST. NO. **3005**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler	
d. FULL NAME OF HOSPITAL OR INSTITUTION. Home, 407 Vine St.,		d. STREET ADDRESS (If rural, give location) 407 Vine St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Samuel W.	b. (Middle)	c. (Last) Kelley	4. DATE OF DEATH (Month) (Day) (Year) 2 8 49
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 27, 1874	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR (Months) (Days) 5 11	IF UNDER 1 WEEK (Hours) (Mins.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	10b. KIND OF BUSINESS OR INDUSTRY Roadwork	11. BIRTHPLACE (State or foreign country) Bates Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Kelley	13b. MOTHER'S MAIDEN NAME Sally Carpenter	14. NAME OF HUSBAND OR WIFE None
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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) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Retta Kelley	ADDRESS Butler, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ach DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION	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)
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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 **Feb 1**, 19**49** to **Feb 7**, 19**49**, that I last saw the deceased alive on **Feb 7**, 19**49**, and that death occurred at **7 A** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS Butler Mo	23c. DATE SIGNED 2-9-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-10-49	24c. NAME OF CEMETERY OR CREMATORY Morris Cemetery	24d. LOCATION (City, town, or county) (State) South West of Butler, Mo.
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DATE REC'D BY LOCAL REG. Feb 10-49	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Butler, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number 1-49-98

Date Filed 2-16-49

FEB 28 1949

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 _____

Horace K. Hill

Student Embalmer No. 296

working under my personal supervision.

Signed Horace K. Hill
Student Embalmer

Signed John H. Underwood
Licensed Embalmer No. 3585

P. O. Address Butler, Missouri

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.