No. 300
10.48
94
3

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

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13534

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 145

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN: Farmington (If outside corporate limits, write RURAL and give township) Rural — St. Francois
c. LENGTH OF STAY (in this place): 4 mos. 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri State Hospital No.4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Wayne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lodi — RURAL
d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print)
a. (First): HARVEY
b. (Middle): CLAY
c. (Last): KELLEY

4. DATE OF DEATH (Month) March (Day) 31, (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: March 1, 1895
9. AGE (In years last birthday): 54 — If under 1 year: Months 1, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lodi, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: A. L. Kelley
13b. MOTHER'S MAIDEN NAME: Sarah Sutton
14. NAME OF HUSBAND OR WIFE: Pansy Brock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service): 496-18-7669
16. SOCIAL SECURITY NO.: 496-18-7669
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Records State Hospital No.4, Farmington, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Right Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardiovascular Renal Disease — 1 year
DUE TO (c): 142X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychosis with Mental Deficiency — year

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. 21, 1948, *to* March 31, 1949, *that I last saw the deceased alive on* March 31, 1949, *and that death occurred at* 3:50P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John C. Brennan M.D.
23b. ADDRESS: State Hospital No.4, Farmington, Mo.
23c. DATE SIGNED: 4-11-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 3, 1949
24c. NAME OF CEMETERY OR CREMATORY: Lewis Cemetery
24d. LOCATION (City, town, or county) (State): Lodi, Missouri

DATE REC'D BY LOCAL REG.: April 23 1949
REGISTRAR'S SIGNATURE: Esther S. Rudloff 289
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Marshall Funeral Home, Greenville, Mo.

(Licensed Embalmer) Statement on Reverse Side)

FILED

Health Officer No. 4

File Number 549-57

5-2-49

MAY 3 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 ..... ~~Student Embalmer No.~~ ..... working under my personal supervision.

~~Student~~ ..... ~~Student Embalmer~~

Signed Iris S. Marshall

Licensed Embalmer No. 4601

P. O. Address Greenville, 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.