No. 300
10-48

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29087
State File No.

BIRTH NO. REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 130

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nevada-Twp.
c. LENGTH OF STAY (in this place) 18 yrs 9 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital 3

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

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) KELLY c. (Last) KELLY
4. DATE OF DEATH (Month) (Day) (Year) Aug 2nd 1949
5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH Nov 15, 1889
9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months 9 Days 4 IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Austria
12. CITIZEN OF WHAT COUNTRY? unknown
13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Records State Hosp 3 ADDRESS Nevada

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) Coronary Heart Disease (Angina Pectoris)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypertension - Dementia Praecox.

INTERVAL BETWEEN ONSET AND DEATH: died suddenly. (minutes) 4:30

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION no operation.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none
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* Oct, 1939, *to* Aug 2, 1949, *that I last saw the deceased alive on* Aug 1, 1949 *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Paul L. Barone (Degree or title) M.D.
23b. ADDRESS State Hosp 3, Nevada Mo.
23c. DATE SIGNED Aug 2/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-3-49
24c. NAME OF CEMETERY OR CREMATORY Hospital Cemetery
24d. LOCATION (City, town, or county) Nevada (State) Mo
DATE REC'D BY LOCAL REG. 8/6/49
REGISTRAR'S SIGNATURE 331 Kathryn H. Yancey
25. FUNERAL DIRECTOR'S SIGNATURE Eichinger Funeral Home ADDRESS Nevada Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 7-49-984
Date Filed 8-22-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Marsh Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.