

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31131

State File No. _____

FILED SEP 28 1949

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY OR TOWN <u>MONROE CITY</u>		c. CITY OR TOWN <u>MONROE CITY</u> <u>69</u>	
c. LENGTH OF STAY (In this place) <u>10yrs</u>		d. STREET ADDRESS (If rural, give location) <u>135 E Lawn.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>135 E Lawn St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DENNIS</u> b. (Middle) <u>m.</u> c. (Last) <u>KELLY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPTEMBER 17 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>August 9th 1864</u>		9. AGE (In years last birthday) <u>85</u>		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) <u>Cincinnati Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Lumber Yrd.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber Yard.</u>			

13a. FATHER'S NAME <u>Dennis Kelly sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Fields</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Ann Kelly.</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lt. M. Liliava Kelly</u> ADDRESS <u>135 E. Lawn St</u>	
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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, ashenia, 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) <u>URAEEMIA</u>			ANTECEDENT CAUSES			<u>10 Days</u>		
DUE TO (b) <u>CHRONIC PROSTATITIS</u>			Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			<u>5 YEARS</u>		
DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS			<u>6 m</u>		
Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC BRONCHITIS</u>						<u>10 YEARS</u>		
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 JUNE 12, 1944, to SEPT 17, 1949, that I last saw the deceased alive on SEPT 17, 1949, and that death occurred at 5:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. S. Little</u> (Degree of title) _____		23b. ADDRESS <u>Monroe City Missouri</u>		23c. DATE SIGNED <u>Sept 20, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-20/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOLY ROSARY Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>MONROE CITY Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & SON'S</u> ADDRESS <u>Monroe City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Sept 19, 1949</u>		REGISTRAR'S SIGNATURE <u>Cline Little</u> 204			

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

FEB 7 1950

JAN 22 1950

RECEIVED SEP 26 1949
District Health Officer No.
District File Number 9-49
Date Filed SEP 26 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leslee L. Wiley

Licensed Embalmer No. 3014

P. O. Address Worme, Pa

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.