

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31378****38**BIRTH NO. _____ REG. DIST. NO. **277** PRIMARY REG. DIST. NO. **5951** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pike			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Indian Twntp		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Indian Twntp			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 miles South of Curryville				d. STREET ADDRESS (If rural, give location) Same			
3. NAME OF DECEASED (Type or Print) a. (First) Charley b. (Middle) Allen c. (Last) Kellum			4. DATE OF DEATH (Month) (Day) (Year) August 13, 1949				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 7, 1880	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Month		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Barry, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Marcus L. Kellum			13b. MOTHER'S MAIDEN NAME Sarah Jane Hazelread		14. NAME OF HUSBAND OR WIFE Margaret E. Kellum		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Margaret E. Kellum, Middletown			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 20 min ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Coronary Stenosis 8 yrs. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			
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 8/13 , 19 49 , to 8/13 , 19 49 , that I last saw the deceased alive on 8/13 , 19 49 , and that death occurred at 12 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. R. Dougherty, M.D.				23b. ADDRESS Vandalia, Mo.		23c. DATE SIGNED 8/17/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 16, 1949		24c. NAME OF CEMETERY OR CREMATORY Farber Cemetery		24d. LOCATION (City, town, or county) (State) Farber, Missouri	
DATE REC'D BY LOCAL REG. 9-6-49		REGISTRAR'S SIGNATURE Bill Robinson		FUNERAL DIRECTOR'S SIGNATURE W. Waters		ADDRESS Vandalia, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 16 1948

RECEIVED

District Health Officer No. 1

District File Number 9-49-16

Date Filed SEP 16 1948

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 William B. Matus

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.