

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36145

State File No. _____

FILED NOV 14 1949

BIRTH NO. _____ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 6280 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wood Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wood township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>		d. STREET ADDRESS (If rural, give location) <u>Norwood, Mo. R.F.D No. 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nartha</u>	b. (Middle) <u>Francis</u>	c. (Last) <u>Kelly</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 5 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 19, 1879</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>70 8 16</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Wright county, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Wade Bradshaw</u>	13b. MOTHER'S MAIDEN NAME <u>Marry Freeman</u>	14. NAME OF HUSBAND OR WIFE <u>J. W. Kelly</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elma Dennis, Norwood, Mo</u>	ADDRESS
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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 <u>15617</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Under Dr. treatment for Cancer of the Liver & Gall Bladder</u> DUE TO (c) <u>(Dr. not available for signature)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	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 _____, 19____, to _____, 19____, that I last saw the deceased ~~dying~~ on Oct 5, 1949, and that death occurred at 2:15A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas A. Hauldin</u> (Degree or title) <u>Crower 2</u>	23b. ADDRESS <u>Norwood, Mo.</u>	23c. DATE SIGNED <u>10-6-1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-7-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wright County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-4-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. R. W. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas A. Hauldin</u> ADDRESS <u>Norwood, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1400

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, KOPEX

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Thomas J. Haulder

Licensed Embalmer No. 4317

P. O. Address NORWOOD, 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.