

FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **41868**

BIRTH NO. _____		REG. DIST. NO. <u>243</u>		PRIMARY REG. DIST. NO. <u>4364</u>		Registrar's No. <u>357</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY <u>Newton</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>McDonald</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stella</u>		c. LENGTH OF STAY (in this place) <u>9 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stella Rural</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cardwell Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED			4. DATE OF DEATH					
a. (First) <u>CHARLES</u>	b. (Middle) <u>ZACCOUS</u>	c. (Last) <u>Kelley</u>	(Month) <u>Dec.</u>	(Day) <u>4</u>	(Year) <u>1949</u>			
(Type or Print)								
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>July 24 1869</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 2 HRS. Days <u>10</u>	Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>Simon Kelley</u>		13b. MOTHER'S MAIDEN NAME <u>Christina Shabbell</u>		14. NAME OF HUSBAND OR WIFE <u>Leona Kelley</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Leona Kelley</u> ADDRESS <u>Stella Mo.</u>				
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c) _____		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarcoma of Sigmoid</u>				<u>12 mo.</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.						
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) _____ m. _____		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 <u>12-4</u> , 19 <u>48</u> , to <u>12-4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-4</u> , 19 <u>49</u> , and that death occurred at <u>5 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Charles Zaccous Kelley</u> (Degree or title) _____				23b. ADDRESS <u>Stella, Mo.</u>		23c. DATE SIGNED <u>12-7-49</u>		
24a. BURIAL - CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 2 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>		24d. LOCATION (City, town, or county) <u>Stella, McDonald Rural</u> (State) <u>Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-7-1949</u>		REGISTRAR'S SIGNATURE <u>Alpha Dyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Morris W. Wheaton, Mo.</u> ADDRESS _____				

RECEIVED

District Health Officer No. NEWTON Co HEALTH DEPT.  
District File Number 1249-232  
Date Filed DEC 1 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

James Kenneth Duncan  
working under my personal supervision.

Student Embalmer No. 308

Student James Kenneth Duncan  
Student Embalmer

Signed W. Morris Payne

Licensed Embalmer No. 510477

P. O. Address Wheeler, 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.