

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9755

State File No.

FILED MAR 30 1950

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 28

0738

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>MISSOURI</u> b. COUNTY <u>MCDONALD</u>	
b. CITY OR TOWN <u>NEOSHO</u>		c. CITY, OR TOWN <u>PINEVILLE</u> 0600	
c. LENGTH OF STAY (in this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALES-MEMORIAL</u>			

3. NAME OF DECEASED (Type or Print) <u>WILLIAM-DAVID-KELLEY</u>			4. DATE OF DEATH (Mo. th) (Day) (Year) <u>3-6-1950</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>D 3</u>	8. DATE OF BIRTH <u>12-11-1859</u>	9. AGE (In years: last birthday) <u>90</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	11. BIRTHPLACE (State or foreign country) <u>KNOXVILLE, TENN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>SIMON-KELLEY</u>	13b. MOTHER'S MAIDEN NAME <u>CHRISTINA DRISCALL</u>	14. NAME OF HUSBAND OR WIFE <u>MATTIE-KELLEY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Hoyd J. Kelsey, brother, Mo</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial with Decompensation</u>		DUE TO (b) <u>Hypertension and Arteriosclerosis</u>		<u>unknown</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Chronic Interstitial Nephritis</u>		<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>592X</u>

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Feb 27th, 1950, to March 6th, 1950, that I last saw the deceased alive on March 6th, 1950, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>O. Melvin C. Bowman M.D.</u>	23b. ADDRESS <u>Neosho, Mo</u>	23c. DATE SIGNED <u>March 23 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION</u>
24d. LOCATION (City, town, or county) (State) <u>STELLA, MO</u>		

DATE REC'D BY LOCAL REG. <u>March 23, 1950</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>R. M. Humphrey</u>	ADDRESS <u>Pineville, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. Newton Co Health Dept.
District File Number MAR 29 1950
Date Filed 350-64

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 Jesse O. Sullivan
Licensed Embalmer No. 4646

P. O. Address Neosho, 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.