

FILED JUL 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20807

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 70

5550

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

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora MO 1551</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>MORRIS</u> c. (Last) <u>O'KELLY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 15-1950</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>Oct 5-1863</u>		9. AGE (in years last birthday) <u>86</u>		10. IF UNDER 1 YEAR Months <u>9</u> Days <u>8</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agency</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>LAWRENCE COUNTY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>LAWRENCE</u>		13a. FATHER'S NAME <u>Charles O'KELLY</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Grover</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary O'KELLY (DECEASED)</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>Ma Mary Paul</u>		18. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Train of events -</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Week</u>  <u>Year</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 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) _____	
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 1946, to June 15, 1950, that I last saw the deceased alive on June 15, 1950, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A.P. Coates</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Aurora, Mo</u>	
23c. DATE SIGNED <u>6-16-50</u>					

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/17/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARIE PARK</u>	
24d. LOCATION (City, town, or county) (State) <u>Aurora MO</u>					

DATE REC'D BY LOCAL REG. <u>June 23-50</u>		REGISTRAR'S SIGNATURE <u>Ora Mcnatti</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Marsh</u>	
				ADDRESS <u>Aurora MO</u>	

650-728

DISTRICT HEALTH OFFICE #6  
MONETT, MISSOURI

REC JUN 28 1950

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.....

*Myself*

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Robert L. Marsh*

Licensed Embalmer No. *3812*

P. O. Address *Amora 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.