

FILED AUG 9 1950 STANDARD CERTIFICATE OF DEATH

State File No. 24044

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>266</u>				
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Lewis		
b. CITY (If outside corporate limits, write RURAL and give town) Hannibal			c. LENGTH OF STAY (Is this place) 1560			c. CITY (If outside corporate limits, write RURAL and give township) Marion Durham				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth				d. STREET ADDRESS 1						
3. NAME OF DECEASED (Type or Print)		a. (First) Cora Pearl		b. (Middle) Estley Kelley		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) July 19, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 23, 1874		9. AGE (In years last birthday) 76		
						IF UNDER 1 YEAR Months 2 Days 26		IF UNDER 24 HRS. Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			10b. KIND OF BUSINESS OR INDUSTRY XX			11. BIRTHPLACE (State or foreign country) Shelby County Missouri			12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Winfield Preston			13b. MOTHER'S MAIDEN NAME Ellen Poore			14. NAME OF HUSBAND OR WIFE Charles Kelley				
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 Charles Kelley Durham Missouri				ADDRESS	
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) Bronchitis pneumonia						INTERVAL BETWEEN ONSET AND DEATH 4 days		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemorrhage Lt. middle cerebral artery						2 weeks		
		DUE TO (c)								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						33ix		
19a. DATE OF OPERATION		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) (Min.)		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>May</u> , 19 <u>50</u> , to <u>19 July</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>19 July</u> , 19 <u>50</u> , and that death occurred at <u>7:45 Pm.</u> , from the causes and on the date stated above.										
23a. SIGNATURE Wyneth Hamlin M.D.				23b. ADDRESS Palmyra Mo.				23c. DATE SIGNED 26 July 1950		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/19/50		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Durham Missouri				
DATE REC'D BY LOCAL REG. 7/27/50		REGISTRAR'S SIGNATURE A E M Lucke		FUNERAL DIRECTOR'S SIGNATURE Thomson Ball		ADDRESS Evening Mo				

(Licensed Embalmer's Statement on Reverse Side) (13)

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

1644

RECEIVED AUG 4 1950
MARION CO. HEALTH DEPT.
DATE FILED AUG 8 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.