

FILED JUL 19 1950

STANDARD CERTIFICATE OF DEATH

State File No. 24487

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>239</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Farmington</u> OR <u>RURAL St. Francois</u>		c. LENGTH OF STAY (In this place) <u>25 Yrs; 9M;</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Marquand</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>				d. STREET ADDRESS (If rural, give location) <u>Unknown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DELLA</u>		b. (Middle)		c. (Last) <u>KELLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 19, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	8. DATE OF BIRTH <u>About 1876</u>	9. AGE (In years last birthday) <u>Abt. 74</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours
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>America</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Francis Kelley</u>			
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>Records State Hospital No. 4, Farmington, Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>				<u>Unknown</u>	
		DUE TO (c)				<u>4200</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis</u>				<u>Abt. 50 yrs.</u>	
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)		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>June 1, 1950</u> , to <u>June 19, 1950</u> , that I last saw the deceased alive on <u>June 19, 1950</u> , and that death occurred at <u>8:15 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>6-19-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Whitener Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marquand, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>July 19, 1950</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Homan Funeral Home, Marquand, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1940
2

RECEIVED
JUL 11 1950
District Health Officer No. 9
District File Number

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Raul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington, 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.