

FILED OCT 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34210

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <b>Morgan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Morgan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Versailles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Versailles</b>	
c. LENGTH OF STAY (In this place) <b>1 Yr</b>		d. STREET ADDRESS (If rural, give location) <b>301 E. Williamson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>301 E. Williamson</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Willie</b>	b. (Middle) <b>Williams</b>	c. (Last) <b>Kelly</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 12, 1950</b>
-------------------------------------	--------------------------	-----------------------------	------------------------	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 24, 1874</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>18</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Morgan Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>O. A. Williams M.D.</b>	13b. MOTHER'S MAIDEN NAME <b>Alpha Davis</b>	14. NAME OF HUSBAND OR WIFE <b>R. Q. Kelly M. D.</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>R. Q. Kelly M. D.</b>	ADDRESS <b>Versailles, Mo.</b>
---	--	---	-----------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>carcinoma of liver</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b></b> DUE TO (c) <b></b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>age</b>		157A	

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b></b>	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 **Sept 20, 1949**, to **Oct 12, 1950**, that I last saw the deceased alive on **Oct 5, 1950**, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. J. Gunn M.D.</b>	23b. ADDRESS <b>Versailles Mo</b>	23c. DATE SIGNED <b>10/12/50</b>
--	--------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 15-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Versailles Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Versailles, Missouri</b>
--	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>Oct 13-1950</b>	REGISTRAR'S SIGNATURE <b>J. L. Washburn, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. F. Kibbell</b>	ADDRESS <b>Versailles, Mo.</b>
--	--	--	-----------------------------------

U. S. D. H. (Licensed Embalmer's Statement on Reverse Side)

WHILE FLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-16-50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 10-16-50

JAN 29 1951

DEC 3 1951

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 Raymond C. Larkin

Licensed Embalmer No. 4626

P. O. Address Versailles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.