

FILED DEC 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 11386

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5662 Registrar's No. 109

0560
4

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

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lewistown</u>	c. LENGTH OF STAY (In this place) <u>1 year 2 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Ewing</u>	<u>0500</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Prairie View Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Daniel</u>	b. (Middle) <u>Jacob</u>	c. (Last) <u>Kelley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 3 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>June 26, 1864</u>	9. AGE (In years last birthday) <u>86</u> 1/2	10. UNDER 1 YEAR Month <u>3</u> Day <u>7</u>	11. UNDER 4 HRS. Hour <u>1</u> Min. <u>0</u>
------------------	----------------------------	--	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	-----------------------------------	--	---

13a. FATHER'S NAME <u>John Kelley</u>	13b. MOTHER'S MAIDEN NAME <u>Charlotte Driley</u>	14. NAME OF HUSBAND OR WIFE <u>Alice - deceased</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y. no. or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. F. E. Toliver</u>	ADDRESS <u>Ewing</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular-renal disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
	*ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		<u>442X</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 Nov. 20, 1950 to Dec. 3, 1950, that I last saw the deceased alive on Dec. 2, 1950, and that death occurred at 9:00 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry L. McCracken</u>	23b. ADDRESS <u>D. O. La Belle, Missouri</u>	23c. DATE SIGNED <u>Dec. 3, '50</u>
---	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Y</u>	24b. DATE <u>Dec. 5-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laclede mo</u>	24d. LOCATION (City, town, or county) (State) <u>at Laclede. mo -</u>
---	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>12/15/50</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u>	ADDRESS <u>Ewing. Mo.</u>
---	--	--	------------------------------

1950
1864
26

Date Received: DEC 18 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-21
Date Filed: DEC 19 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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing 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.