

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1785

BIRTH NO. _____ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 2702 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo -</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Moorsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Moorsville</u>	
c. LENGTH OF STAY (In this place) <u>56 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 1st Breckenridge Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt 1st Breckenridge Mo</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Hannah</u>	c. (Last) <u>Kelly</u>	4. DATE OF DEATH (Month) (Day) (Year)
	<u>1</u>	<u>1</u>	<u>1</u>	<u>1 - 3 - 51</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>JUN 21</u>	9. AGE (In years last birthday) <u>55</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>12</u>	11. UNDER 1 MIN. Hours <u></u> Min. <u></u>
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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 <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Rt 1st Breckenridge Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>David McClure</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah Houston</u>	14. NAME OF HUSBAND OR WIFE <u>H.J. Kelly</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Johnny Mussey</u>	18. ADDRESS <u>Rt 1st Breckenridge</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of Liver</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>5810</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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? _____
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22. I hereby certify that I attended the deceased from Jan 2, 1951, to Jan 3, 1951, that I last saw the deceased alive on Jan 3, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

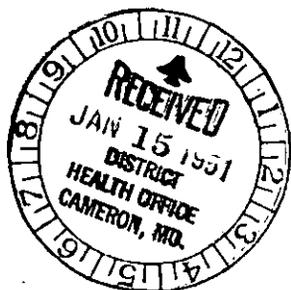
23a. SIGNATURE (Degree or title) <u>J.W. Webb M.D.</u>	23b. ADDRESS <u>Breckenridge Mo</u>	23c. DATE SIGNED <u>1-3-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-5-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Breckenridge Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-8-51</u>	REGISTRAR'S SIGNATURE <u>Leola E. Gwing</u>	175	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. ...</u>	ADDRESS <u>Breckenridge</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

590



MAR 25 1955

MAR 25 1955

*Miss Lucinda Ewing
Hudson, Mo*

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 *Georg A. Trammell*

Licensed Embalmer No. *4425*

P. O. Address *Box 95 - Leabury*

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.