

FILED FEB 17 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5090  
Registrar's No. 34

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

493

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (In this place) 40 yrs		d. STREET ADDRESS (If rural, give location) 724 Howard St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks hospital			

3. NAME OF DECEASED (Type or Print) GEORGE THOMAS KELLEY	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Feby 7, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 4, 1871	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. poultry dealer	10b. KIND OF BUSINESS OR INDUSTRY retailing	11. BIRTHPLACE (State or foreign country) Crawsfordville, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jeremiah Kelley	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Ella Richardson Kelley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MO. Claud Fullerton, 724 Howard, Carthage
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate	ANTECEDENT CAUSES		3 yrs +
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b)			
DUE TO (c)			177x
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 10-27-48	19b. MAJOR FINDINGS OF OPERATION Urethral obstruction. Cystostomy done	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) m.	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 Oct 7, 1948, to 2-7, 1951, that I last saw the deceased alive on 27, 1951, and that death occurred at 9 a m., from the causes and on the date stated above.

23a. SIGNATURE Russell Smith MD	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 2-8-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2-10-51	24c. NAME OF CEMETERY OR CREMATORY Red Oak Cemetery	24d. LOCATION (City, town, or county) (State) Lawrence Co., Mo
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DATE REC'D BY LOCAL REG. 2-9-51	REGISTRAR'S SIGNATURE J.B. Fullerton, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo.
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RECEIVED 2/15/51  
Asper County Health Office

County File Number 51-2-126  
Date Filed 2/15/51

RECEIVED  
FEB 15 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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.