

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8085**

BIRTH NO. **95486-50** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **260**

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

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>WRIGHT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Norwood, Rural 1140</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OZARK OSTEOPATHIC HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>Route 2</b>	

3. NAME OF DECEASED a. (First) <b>JAMES</b> (Type or Print)		c. (Last) <b>KELLY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 21 51</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>12-22-1950</b>	9. AGE (In years last birthday) <b>—</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Norwood, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>JAMES R. Kelly</b>	13b. MOTHER'S MAIDEN NAME <b>EARLINE PATTERSON</b>	14. NAME OF HUSBAND OR WIFE <b>—</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give day or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Earline Kelly, Norwood, Mo.</b>	ADDRESS <b>—</b>
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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) <b>Sepsis</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>491X</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Bilateral bronchopneumonia</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		

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)
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?

22. I hereby certify that I attended the deceased from **3-19**, 19**51**, to **3-21**, 19**51**, that I last saw the deceased alive on **3-21**, 19**51**, and that death occurred at **10:25 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Deland E. Wetzel M.D.</b>	23b. ADDRESS <b>200 N. Springfield Mo</b>	23c. DATE SIGNED <b>3/21/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>3-23-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Love Plot</b>	24d. LOCATION (City, town, or county) (State) <b>Wright County Mo.</b>
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DATE RECD BY LOCAL HEALTH DEPT. <b>3-22-51</b>	REGISTRAR'S SIGNATURE <b>W.E. Staudler M.D.</b>	25. FUNERAL, BY DECEASED, BY OTHER PERSON, BY THE STATE <b>R.W. Barber M.D. Mtn. Home Mo.</b>
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STATE

STATE OF MISSISSIPPI

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 Rev Barber

Licensed Embalmer No. 3848

P. O. Address Int'l Home

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.