

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 3 1951 STANDARD CERTIFICATE OF DEATH

State File No. 8142

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 4201 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Republic</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Republic 0390</u>	
c. LENGTH OF STAY (In this place) <u>2 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>West Elm St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Elm St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u> b. (Middle) <u>A.</u> c. (Last) <u>Kelly</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 29, 1951</u>		
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5. SEX <u>female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>1-14-1898</u>		9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months Days		IF UNDER 48 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			11. BIRTHPLACE (State or foreign country) <u>Marionville, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>Kelly</u>			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE _____		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Kelly</u>		ADDRESS <u>Republic, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>15 hours</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) <u>Diabetes Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>260X</u>					
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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) (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 March 28, 1951, to March 29, 1951, that I last saw the deceased alive on March 29, 1951, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold J. Leidinger Jr. M.D.</u>			23b. ADDRESS <u>Republic, Mo.</u>			23c. DATE SIGNED <u>3/31/51</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marionville, Mo.</u>	
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DATE REC'D BY LOCAL REG <u>3-31-1951</u>		REGISTRAR'S SIGNATURE <u>Flourance Brittain</u>		105 25. FUNERAL DIRECTOR'S SIGNATURE <u>Max Gossett</u>		ADDRESS <u>Republic, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Greene County Health Office,

County File Number 51-4-17

Date Filed 4-2-51

MAY 3 1951

MAY 17 1951

MAY 10 1951

APR 5 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.

Signed Gene B. Hunter

Signed _____
Student Embalmer

Licensed Embalmer No. 4739

P. O. Address Republic, Mo

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

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