

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13232**

FILED APR 25 1951

BIRTH NO. _____		REG. DIST. NO. 201		PRIMARY REG. DIST. NO. 4315-		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Macon			
b. CITY (If outside corporate limits, write RURAL and give town) La Plata, Mo.		c. LENGTH OF STAY (In this place) 8 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) La Plata, Mo. 0610			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home No address				d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) Margaret		a. (First)		b. (Middle) Rebecca		c. (Last) Kelly	
4. DATE OF DEATH April 11, 1951		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 26, 1878		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 5 Days 15		IF UNDER 2 HRS. Hours --- Min. ---	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Muldown		13b. MOTHER'S MAIDEN NAME Mary Finney		14. NAME OF HUSBAND OR WIFE Thomas Kelly			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Kelly La Plata, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion with myocardial infarction DUE TO (c) cardial infarction II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 minutes 10 days	
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) (Min.)	
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 July 20, 1949 , to April 11, 1951 , that I last saw the deceased alive on April 11, 1951 , and that death occurred at 2:30 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE M. Robert Knopp		b. (Degree or title) M.D.		23b. ADDRESS La Plata, Mo.		23c. DATE SIGNED 4/13/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 14, 1951		24c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery		24d. LOCATION (City, town, or county) (State) La Plata, Mo.	
DATE REC'D BY LOCAL REG 4/18/51		REGISTRAR'S SIGNATURE Edith B. Sears		186 186		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. M. Wilson La Plata, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 25 1969

RECEIVED
MASON COUNTY HEALTH DEPARTMENT
County File No. 4-57669
Date Filed 4-24-51

4-23-51

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 Kenneth M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata, 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.