

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15514

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4021 Registrar's No. 14

5043

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

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laddonia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Louter</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1, Benton City,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No Street Address</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BENJAMIN</u>	b. (Middle) <u>S.</u>	c. (Last) <u>KELLY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 15, 1951</u>
-------------------------------------	----------------------------	-----------------------	------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 11, 1863</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
--------------------	-------------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Pike County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	--

13a. FATHER'S NAME <u>Isaac Kelly</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE _____
---------------------------------------	--	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alvin L. Kelly, Laddonia, Mo.</u>	ADDRESS _____
--	-------------------------------------	--	---------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Heart Disease 1 wk.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>4201</u>
--	--	--

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? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from May 1, 1951, to May 14, 1951, that I last saw the deceased alive on May 14, 1951, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.P. Paige D.D.</u>	23b. ADDRESS <u>Laddonia Mo.</u>	23c. DATE SIGNED <u>5-16-51</u>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 17, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laddonia</u>	24d. LOCATION (City, town, or county) (State) <u>Laddonia, Mo.</u>
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>5-16-51</u>	REGISTRAR'S SIGNATURE <u>Martha A. Gammota</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Pruehl</u>	ADDRESS <u>Mexico, Mo.</u>
---	--	--	----------------------------

MAY 23 1951

MAY 24 1951

MAR 13 1950

Date Received: MAY 21 1951

DISTRICT HEALTH OFFICE #2

District File Number 5-51-932

Date Filed: MAY 22 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.....

working under my personal supervision.

Student Embalmer No.....

Signed

Earl S. Pruitt

Signed.....
Student Embalmer

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.