

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17635

State File No.

REG. DIST. NO. 292

PRIMARY REG. DIST. NO. 5999

Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Ralls,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Ralls,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Center Township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Center, Missouri.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ralls Co. Rest Home.		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Fannie		b. (Middle) Kelly	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) May, 25, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH Oct, 20, 1884
9. AGE (In years last birthday) 76		10. MONTHS 7 DAYS 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Ralls County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Mahood.		13b. MOTHER'S MAIDEN NAME Mary Shepard.	
14. NAME OF HUSBAND OR WIFE William Kelly.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME George Mahood.		ADDRESS Perry, Missouri	
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) Cardio-Renal Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis - Nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. 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)		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 Feb 1, 1951 , to May 25, 1951 , that I last saw the deceased alive on May 21, 1951 , and that death occurred at 8:15A.M. , from the causes and on the date stated above.			
23a. SIGNATURE H. J. Waters		23b. ADDRESS MD. New London, Missouri.	
23c. DATE SIGNED 5-26-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-27-1951	
24c. NAME OF CEMETERY OR CREMATORY Madisonville		24d. LOCATION (City, town, or county) (State) Madisonville, Mo.	
DATE REC'D BY LOCAL REG. 5-27-51		REGISTRAR'S SIGNATURE Clyde Wilkey	
25. FUNERAL DIRECTOR'S SIGNATURE Clyde Wilkey		ADDRESS Center, Missouri	

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

1870
A

Date Received: JUN 4 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-57-1040
Date Filed: JUN 7 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 Clyde Wilkey

Licensed Embalmer No. 3826

P. O. Address Kemp No.

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.