

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21102

State File No.

FILED JUL 13 1951

| | | | | | | | |
|--|-------------------------------|--|---|---|------------------------|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>314</u> | | PRIMARY REG. DIST. NO. <u>6066</u> | | Registrars No. <u>34</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Clair</u> | | | | 2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Crawford</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Osceola (Rural)</u>) | | c. LENGTH OF STAY (in this place) <u>Rural</u> <u>years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pittsburg</u> <u>Kansas</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Roscoe Township</u> | | | | d. STREET ADDRESS (If rural, give location) <u>850</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Horace</u> b. (Middle) <u>A</u> c. (Last) <u>Kelley</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6/13/1951</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>7/20/1891</u> | 9. AGE (in years last birthday) <u>59</u> | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Days | Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Cato Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Thomas Kelley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Dorothy Kelley</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>WW # 1</u> | | 16. SOCIAL SECURITY NO. <u>✓</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dorothy Kelley Osceola Mo.</u> | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun Shot Wound (Suicide)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Self inflicted</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6970X</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Roscoe Township St. Clair Mo.</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6/13/1951 12 P.M.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Gun shot wound, self inflicted</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>12</u> , 19 <u>51</u> , to <u>12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>after death</u> , and that death occurred at <u>12 P.M.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>James B. Goodrich, Coroner</u> | | | | 23b. ADDRESS <u>Osceola Missouri</u> | | 23c. DATE SIGNED <u>6/14/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>6/15/1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Fort Scott Kansas</u> | |
| DATE REC'D BY LOCAL REG. <u>6-14-51</u> | | REGISTRAR'S SIGNATURE <u>Paul Seavers</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Goodrich</u> | | ADDRESS <u>Osceola Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 1951 87710

RECEIVED

7-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-12-51

OCT 15 1951

AUG 13 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 J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.