

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33232

State File No.

FILED OCT 29 1951

BIRTH NO. 75415-51 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 903

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). Missouri STATE Douglas COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) 1341 OR TOWN Ava	
d. FULL NAME OF HOSPITAL OR INSTITUTION OSBARK OSTEOPATHIC HOSPITAL		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) Larry Wayne b. (Middle) c. (Last) Kelly	4. DATE OF DEATH (Month) (Day) (Year) October 21, 1951
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5. SEX Male	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 1, 1951	9. AGE (In years last birthday) 20 If UNDER 1 YEAR: Months 20 If UNDER 4 HRS. Hours 20 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Earl Franklin Kelly	13b. MOTHER'S MAIDEN NAME Donna Mae Bass	14. NAME OF HUSBAND OR WIFE Earl Franklin Kelly
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Earl Franklin Kelly	ADDRESS Ava, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Bilateral bronchopneumonia		
DUE TO (b)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 Oct 21, 1951, to Oct 21, 1951, that I last saw the deceased alive on Oct 21, 1951, and that death occurred at 7:35pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard E. Wickett D.O. 2	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 10/21/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/23/51	24c. NAME OF CEMETERY OR CREMATORY Jeakins	24d. LOCATION (City, town, or county) (State) Good Hope Missouri
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DATE REC'D BY LOCAL REG. 10-24-51	REGISTRAR'S SIGNATURE W.E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard	ADDRESS Funeral H. Ava, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.