

FILED NOV 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 35253

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9237	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 9461			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2229			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.				d. STREET ADDRESS (If rural, give location) 2000 Rutger Street			
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) H.		c. (Last) Kelley		4. DATE OF DEATH (Month) (Day) (Year) Oct. 23-1951	
5. SEX W		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH June 11-1875	
9. AGE (in years last birthday) 76		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Days		IF UNDER 1 MIN. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Wayne Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Kelley		13b. MOTHER'S MAIDEN NAME Harriet Warner		14. NAME OF HUSBAND OR WIFE Mary			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Kelley 2000 Rutger Str.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 7 years	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Hydronephrosis					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		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.					
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) No		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? 601X			
22. I hereby certify that I attended the deceased from Jan 5, 1944, to Oct 23, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:20 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Joseph E. Glenn M.D.				23b. ADDRESS 958 Arcade Bldg		23c. DATE SIGNED Oct 25/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-0-27-51		24c. NAME OF CEMETERY OR CREMATORY Robinson		24d. LOCATION (City, town, or county) (State) Ellsinore Missouri	
DATE REC'D BY LOCAL REG. OCT 26 1951		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin 2301 Lafayette			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Jos. E. Glenn
Arcade Bldg.
Ch. 7040

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. 11

Student
Student Embalmer

Signed L. R. Casper

Licensed Embalmer No. 3633

P. O. Address 2317 Kipps

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.