

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10.48
2290
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. 128360-21 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4158 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lockwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>La Russell R.R. 0495</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Greene Trp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lockwood Memorial</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lloyd</u> b. (Middle) <u>Robert</u> c. (Last) <u>Kelley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-29-51</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>2-8-1951</u>
9. AGE (In years) (last birthday) <u>9</u> (Months) <u>21</u> (Days) <u>21</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Stone Memorial Hos. Sp. Carthage Mo.</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Lloyd Kelley</u>	
13b. MOTHER'S MAIDEN NAME <u>Nora Carney</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)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Kelley</u>		ADDRESS <u>La Russell Mo.</u>	
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18. CAUSE OF DEATH 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) <u>Circulatory collapse</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>acute Pulumonitis</u>			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>492x</u>			

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)	
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 11-29-51, to 11-29-51, that I last saw the deceased alive on 11-29-51, and that death occurred at 9 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Max Williams M.D.</u>		(Degree or title)		23b. ADDRESS <u>Lockwood</u>		23c. DATE SIGNED <u>11-30-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Goss</u>		24d. LOCATION (City, town, or county) (State) <u>S. of Phelps Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Dec-3-51</u>		REGISTRAR'S SIGNATURE <u>Leo K. West</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Simon Miller</u>		ADDRESS <u>Miller Mo.</u>	
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED, DEC 10 1951

Dist. File 12-27-3086

Date Filed 12-27-51

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

L. B. Seimon

Licensed Embalmer No.

3297

P. O. Address

Miller M

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.