

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY: <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: <u>MISSOURI</u> b. COUNTY: <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township): <u>COLUMBIA</u>		c. CITY (If outside corporate limits, write RURAL and give township): <u>ROUTE # 4</u> <u>0480</u>	
c. LENGTH OF STAY (In this place): <u>23 DAYS</u>		d. STREET ADDRESS (If rural, give location): <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>ELIS FISCHEL ST. CANCER HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First): <u>CHARLES</u> b. (Middle): <u>SHELDON</u> c. (Last): <u>MCKELLY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-20-1952</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. <del>MARRIAGE</del> MARRIAGE STATUS: <u>DIVORCED</u> 3	8. DATE OF BIRTH: <u>10-12-1874</u>
9. AGE (In years last birthday): <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>LABORER</u>	11. BIRTHPLACE (State or foreign country): <u>Sandusky, OHIO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>LABORER</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME: <u>JAMES MCKELLY</u>	13b. MOTHER'S MAIDEN NAME: <u>ALICE MARTIN</u>	14. NAME OF HUSBAND OR WIFE: <u>Hospital Record</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service):	16. SOCIAL SECURITY NO.:	17. INFORMANT'S SIGNATURE OR NAME: <u>Hospital Record</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage from peptic ulcer of stomach</u>		<u>6 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Papillomata bladder</u>		<u>1 1/2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease.</u>			<u>2 yrs.</u>

19a. DATE OF OPERATION: <u>1-16-52</u>	19b. MAJOR FINDINGS OF OPERATION: <u>Massive hemorrhage from ulcer of stomach.</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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): <u>5401</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.):	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>5401</u>

22. I hereby certify that I attended the deceased from 12-28, 1951, to 1-20, 1952, that I last saw the deceased alive on 1-20, 1952, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE: <u>Richard E. Johnson, M.D.</u>	(Degree or title)	23b. ADDRESS: <u>Columbia, Mo.</u>	23c. DATE SIGNED: <u>1-20-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify): <u>Removal</u>	24b. DATE: <u>Jan 20-52</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>bee's Summit.</u>	24d. LOCATION (City, town, or county) (State): <u>bee's Summit Mo</u>

DATE REC'D BY LOCAL REG.: <u>Jan. 20 1952</u>	REGISTRAR'S SIGNATURE: <u>Mrs. R.E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE: <u>M. B. Langford - Bee's Summit Mo.</u>	ADDRESS: <u>Bee's Summit Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0105  
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JAN 29 1952

RECEIVED JAN 28 1952

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed JAN 28 1952

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

working under my personal supervision.

Student Embalmer No. ....

Signed Clarence M. Bille

Signed .....

Student Embalmer

Licensed Embalmer No. 4375

P. O. Address Dundee, 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.