

FILED MAR 17 1952

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL JACKSON TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONROE CITY <u>1690</u>	
c. LENGTH OF STAY (in this place) 10 DAYS		d. STREET ADDRESS (If rural, give location) 102 STODDARD	
d. FULL NAME OF HOSPITAL OR INSTITUTION PARIS MISSOURI			

3. NAME OF DECEASED (Type or Print) a. (First) EUGENE b. (Middle) SIMON c. (Last) KELLY			4. DATE OF DEATH (Month) (Day) (Year) MARCH 9 1952		
---	--	--	---	--	--

5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JANUARY 24 1861		9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months Days Hours Min. 1 14		IF UNDER 24 HRS. Hours Min.	
--------------------	--	-------------------------------	--	---	--	---	--	---	--	--	--	----------------------------------	--

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) FARMING (RET)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) WASHINGTON COURT OHIO			12. CITIZEN OF WHAT COUNTRY? USA.		
---	--	--	-----------------------------------	--	--	--	--	--	--	--	--

13a. FATHER'S NAME DENNIS KELLY			13b. MOTHER'S MAIDEN NAME ELLEN FIELDS			14. NAME OF HUSBAND OR WIFE ELIZABETH KELLY		
--	--	--	---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Dennis Kelly Paris Mo		ADDRESS	
--	--	-------------------------------------	--	--	--	---------	--

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						INTERVAL BETWEEN ONSET AND DEATH 10 days	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza							
		ANTECEDENT CAUSES Morbid 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 none						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) m.		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 Feb. 20, 1952 to Mar. 9, 1952, that I last saw the deceased alive on Mar. 1, 1952, and that death occurred at 4 A. m., from the causes and on the date stated above.

23a. SIGNATURE J. A. Barnett M.D. (Degree or title)		23b. ADDRESS Paris, Missouri		23c. DATE SIGNED 3-10-52	
--	--	-------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-11-1952		24c. NAME OF CEMETERY OR CREMATORY St Stevens Cemetery		24d. LOCATION (City, town, or county) (State) INDIAN Creek Monroe Mo.	
---	--	----------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 3-10-52		REGISTRAR'S SIGNATURE J. A. Barnett M.D.		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS		ADDRESS Monroe City Mo	
---	--	---	--	---	--	-------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

0690

AUG 19 1958

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed: Leslie R. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.