

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>MEXICO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SANTA FE</u>	
c. LENGTH OF STAY (in this place) <u>14 DA</u>		d. STREET ADDRESS (If rural, give location) <u>T.F.D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AUDRAIN CO. HOSPT</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARKLE</u> b. (Middle) <u>VERN</u> c. (Last) <u>JELLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 27, 1952</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>AUG 29, 1884</u>		9. AGE (in years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>7</u>	
11. IF UNDER 24 HRS. Hours <u>1</u> Min.		11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>			

13a. FATHER'S NAME <u>ROBT. J. JELLEY</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN CRATTY</u>		14. NAME OF HUSBAND OR WIFE <u>EDITH BLANCHE JELLEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. M. V. JELLEY, SANTA FE, MO.</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary vessel disease 5 yrs</u>			
		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 <u>442X</u>		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 April 13, 1952, to April 29, 1952, that I last saw the deceased alive on April 29, 1952, and that death occurred at 5:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. D. Kallenbach</u> (Degree or title)		23b. ADDRESS <u>Mexico, Mo.</u>		23c. DATE SIGNED <u>April 29, 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>	
				24d. LOCATION (City, town, or county) (State) <u>PARIS, MO.</u>	

DATE REC'D BY LOCAL REG. <u>April 29-1952</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed & Blakey</u> ADDRESS <u>PARIS, MISSOURI</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 E. P. Agnew,

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.