

FILED MAY 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15969

State File No.

5-24-52

93

5345

43

BIRTH NO. _____		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>5345</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>			
b. CITY: (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sac Twp.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sac Twp.</u>		<u>0290</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>10 mi n.e. Greenfield Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwin</u> b. (Middle) <u>Orr</u> c. (Last) <u>Kelley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 21 1952</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>nov. 29, 1861</u>	
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>22</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Dade Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>usa</u>
13a. FATHER'S NAME <u>Edwin Kelley</u>			13b. MOTHER'S MAIDEN NAME <u>Matilda Kelley</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie Kelley</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Elsie Kelley Greenfield Mo. rt.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (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.		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>4201</u>				20. AUTOPSY? YES <input 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)			
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?			
22. I hereby certify that I attended the deceased from <u>5-18</u> , 19 <u>52</u> , to <u>5-21</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5-20</u> , 19 <u>52</u> , and that death occurred at <u>9:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Greenfield Mo</u>		23c. DATE SIGNED <u>5-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-25-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Dade Co Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-24-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.R. Allison Greenfield Mo.</u>			

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

0290

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.....

Student Embalmer

Signed *W.R. Allison*.....

Licensed Embalmer No. *4404*.....

P. O. Address *Greenville, S.C.*.....

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.