

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **19295**

S. No. 300  
V. 10.48

DECEASED JUL 9 1952

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>5031</u>		Registrar's No. <u>16</u>	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Audrain</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Cuivre Township)</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Audrain</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Cuivre Township)</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Cuivre Township)</u>		0040	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mi S of Laddonia</u>				d. STREET ADDRESS (If rural, give location) <u>3 mi. s. of Laddonia, Mo.</u>			
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>				
a. (First) <u>May</u>	b. (Middle) <u>DELL</u>	c. (Last) <u>Kelly</u>	(Month) <u>June</u>	(Day) <u>27</u>	(Year) <u>1952</u>		
<b>5. SEX</b> <u>female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Oct. 9, 1873</u>	<b>9. AGE</b> (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>18</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Audrain County, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>John A. Edwards</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Annie Smith</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>J.A. Kelly</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>J. A. Kelly, LADDONIA, MO.</u>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Myocarditis</u>				<u>Chronic</u>	
		<b>ANTECEDENT CAUSES</b>  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <u>Carcinoma Right Breast - 6 yrs</u>					
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.					
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		<u>170 X</u>					
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>1-10</u>, 19<u>52</u>, to <u>6-27</u>, 19<u>52</u>, that I last saw the deceased alive on <u>6-27</u>, 19<u>52</u>, and that death occurred at <u>11:30 P. M.</u>, from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> (Degree or title) <u>W. K. McCall M.D.</u>			<b>23b. ADDRESS</b> <u>Laddonia Mo.</u>			<b>23c. DATE SIGNED</b> <u>6-30-1952</u>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>June 30, 1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Laddonia Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Laddonia, Mo.</u>		
<b>DATE REC'D BY LOCAL REG.</b> <u>July 4, 1952</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Mallie Ferguson</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Chas. C. Wilbey</u>			
				<b>ADDRESS</b> <u>Laddonia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0040

APR 13 1959

**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 Clyde Wilkey

Licensed Embalmer No. 3828

P. O. Address Perry, 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.