S. No. 300
. 10.48

FILED JUN 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21559

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6000 Registrar's No. 137

0880

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sugar Creek Twshp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural 0880
d. STREET ADDRESS (If rural, give location) Sugar Creek Twshp

3. NAME OF DECEASED (Type or Print) a. (First) Sidney b. (Middle) T c. (Last) Kelly

4. DATE OF DEATH (Month) June (Day) 5 (Year) 1952

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Single **8. DATE OF BIRTH** Aug 18 1864 **9. AGE** (In years last birthday) 87 IF UNDER 1 YEAR Months 7 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd **10b. KIND OF BUSINESS OR INDUSTRY** MD **11. BIRTHPLACE** (City and State or Foreign Country) Mo **12. CITIZEN OF WHAT COUNTRY?**

13a. FATHER'S NAME H. J. Kelly **13b. MOTHER'S MAIDEN NAME** Mary Bohon **14. NAME OF HUSBAND OR WIFE** ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓ **16. SOCIAL SECURITY NO.** ✓ **17. INFORMANT'S SIGNATURE OR NAME** Mrs Irvin Meals **ADDRESS** RFD Moberly

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 6 hrs.

ANTECEDENT CAUSES — DUE TO (b) Arteriosclerosis — ?

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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** 4201 **20. AUTOPSY?** YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan, 1952 *to* June 4, 1952 *that I last saw the deceased alive on* May 10, 1952, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] **23b. ADDRESS** Moberly, Mo **23c. DATE SIGNED** June 6 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burrau **24b. DATE** 6-7-52 **24c. NAME OF CEMETERY OR CREMATORY** Oakland **24d. LOCATION** (City, town, or county) (State) Moberly Mo

DATE REC'D BY LOCAL REG. 6-7-52 **REGISTRAR'S SIGNATURE** [signature] 265 **25. FUNERAL DIRECTOR'S SIGNATURE** Mahan and Son **ADDRESS** Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Frank O. DeWitt

Licensed Embalmer No. 2021

P. O. Address Moberly, 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.