S. No. 300
Rev. 10.48

0644
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32273

FILED SEP 27 1952

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 288

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL
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): 414 N. 4 ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: MARION
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL 0644
d. STREET ADDRESS (If rural, give location): 414 N. 4TH ST. 0

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): GALATT
c. (Last): KELLY

4. DATE OF DEATH (Month) (Day) (Year): 9-9-1952

5. SEX: MALE 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: SEPT. 19, 1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DENTIST - RETIRED
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PITTSFIELD, ILL. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: WM. KELLY
13b. MOTHER'S MAIDEN NAME: FRANCIS ROGERS
14. NAME OF HUSBAND OR WIFE: MRS. IDA P. 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.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Ida P Kelly — **ADDRESS**: Hannibal Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: one hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Mellitus
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: 260 X
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* _____, 1945, *to* 8-9, 1952, *that I last saw the deceased alive on* 8-9, 1952, *and that death occurred at* 12:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Hardesty (Degree or title) MD
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: 9-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-10-1952
24c. NAME OF CEMETERY OR CREMATORY: MT. OLIVET CEMETERY
24d. LOCATION (City, town, or county) (State): HANNIBAL, MO

DATE REC'D BY LOCAL REG.: 9/10/52
REGISTRAR'S SIGNATURE: H. Graham — L. E. McLucke Deputy
189-0
25. FUNERAL DIRECTOR'S SIGNATURE: Ralph Clark — **ADDRESS**: Hannibal, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 22 1952
MARION CO. HEALTH DEPT.
DATE FILED SEP 22 1952

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 Ralph C Clark

Signed.....
Student Embalmer

Licensed Embalmer No. H217

P. O. Address Hannibal, 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.