

FILED SEP 30 1952

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

State File No. 32294

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>4320</u>		Registrar's No. <u>40</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palmyra</u>		c. LENGTH OF STAY (In this place) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palmyra</u>		<u>1640</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hotel Moore</u>				d. STREET ADDRESS (If rural, give location) <u>Hotel Moore</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Sidnev</u>		b. (Middle) <u>Earl</u>		c. (Last) <u>Kelley</u>	
4. DATE OF DEATH		(Month) <u>Sept.</u>		(Day) <u>13</u>		(Year) <u>1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>10 April 1876</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Service, Ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>James S. Kelley</u>		13b. MOTHER'S MAIDEN NAME <u>Mary McCoy</u>		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 <u>Edward D. Kelley, Palmyra, Mo.</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction, acute</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours.</u>	
2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		3. DUE TO (c)					
4. 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				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)		<u>4200</u>	
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 <u>Aug</u> , 19 <u>52</u> , to <u>13 Sept</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>13 Sept</u> , 19 <u>52</u> , and that death occurred at <u>5:15 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter Hamblin</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Palmyra, Mo.</u>		23c. DATE SIGNED <u>15 Sept 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>15 Sept. 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Palmyra, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9/16/52</u>		REGISTRAR'S SIGNATURE <u>E. M. Quake</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>By Deola Lee, Deputy Lewis Burr</u>		ADDRESS <u>Palmyra, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

189-1

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

1640
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RECEIVED SEP 29 1952
MARION CO. HEALTH DEPT.
DATE FILED SEP 29 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.....
Student Embalmer

Signed George W. Lewis.....

Licensed Embalmer No. 4851.....

P. O. Address Palmyra, 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.