

NOV 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37614
State File No.

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 5094 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-OSAGE TWP 04YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-OSAGE 0076</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 MI S-W RICH HILL</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 MI S-W RICH HILL MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEEROY</u> b. (Middle) <u>-</u> c. (Last) <u>KELLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOVEMBER-17-1952</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>FEB-5-1888</u>		9. AGE (In years last birthday) <u>64</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS: Hours _____ Mins _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>VERNON COUNTY, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>SAMUEL KELLEY</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH DOUGLASS</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) <u>YES WORLDWAR I</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Kenneth Trammell - Rich Hill 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u>		ADDRESS <u>Rich Hill Mo</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Osage Township Bates MO</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 Nov 5, 1952 to Nov 17, 1952, that I last saw the deceased alive on Nov 5, 1952, and that death occurred at 5:27 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>Orville J. Allen</u>		(Degree or title)		23b. ADDRESS <u>Rich Hill Mo</u>	
23c. DATE SIGNED <u>Nov 18 1952</u>		24. NAME OF CEMETERY OR CREMATORY <u>CARBON CENTER CEM.</u>		24c. LOCATION (City, town, or county) (State) <u>VERNON COUNTY, MISSOURI</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov-19-1952</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Edna Douglas</u>	
DATE REC'D BY LOCAL REG. <u>11-21-52</u>		REGISTRAR'S SIGNATURE <u>Mr. Edna Douglas</u>		ADDRESS <u>Rich Hill Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

070
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2931 1050

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 Robert G. Stembach

Licensed Embalmer No. 4657

P. O. Address Butler, 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.