S. No. 300
v. 10.48

FILED NOV 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38464

State File No.

BIRTH NO. REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5549 Registrar's No. 95

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bunceton Mo. 0450
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Benny b. (Middle) Miller c. (Last) Kelby
4. DATE OF DEATH (Month) Oct. (Day) 29 (Year) 1952
5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH ? ? 1915
9. AGE (In years last birthday) 37 | 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) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and State or Foreign Country) Bunceton Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Not Known
13b. MOTHER'S MAIDEN NAME Not Known
14. NAME OF HUSBAND OR WIFE None
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. None
17. INFORMANT'S SIGNATURE OR NAME Cornelia Stapleton Chase ADDRESS Fayette

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) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 Wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malnutrition
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Paraplegia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) Fayette (COUNTY) Howard (STATE) Mo
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* Oct 20, 1952, *to* Oct 29, 1952, *that I last saw the deceased alive on* Oct 29, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE W. A. Bloom (Degree or title) M.D.
23b. ADDRESS Fayette Mo
23c. DATE SIGNED 11-7-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY Fayette
24d. LOCATION (City, town, or county) Fayette (State) Mo
DATE REC'D BY LOCAL REG. 11-7-52
REGISTRAR'S SIGNATURE Mary K. Shell
25. FUNERAL DIRECTOR'S SIGNATURE Audeley-Fairmont Hospital ADDRESS Glasgow Mo

4306-1 (Licensed Embalmer's Statement on Reverse Side)

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

DEC 9 [illegible]

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 E. D. Griemouth

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.