

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39854**

No. 300
11M
10-45
NOV 22 1952

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 234

1. PLACE OF DEATH
a. COUNTY St. Charles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Lincoln

b. CITY (If outside corporate limits, write RURAL and give township) St. Charles c. LENGTH OF STAY (In this place) 1 1/2 days

c. CITY (If outside corporate limits, write RURAL and give township) old Monroe 0570

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print) a. (First) Mabel b. (Middle) Clare c. (Last) Kelly 4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1952

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH May 1, 1883 9. AGE (In years last birthday) 69 6 MONTHS 2 YEARS 2 IF UNDER 1 YEAR 2 IF UNDER 12 HRS. 2 HOURS 2 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE (City and State or Foreign Country) near old Monroe, Mo. 0 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Tillman Callaway 13b. MOTHER'S MAIDEN NAME Lydia Parsons 14. NAME OF HUSBAND OR WIFE Artie A. Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Artie A. Kelly - old Monroe, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralytic ileus also INTERVAL BETWEEN ONSET AND DEATH _____

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

DUE TO (c) Generalized cardiovascular atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia (Rt) 5 years

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, 1951, to 11-3, 1952, that I last saw the deceased alive on 11-3, 1952, and that death occurred at 2:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George R. Sasaki, MD 23b. ADDRESS Orlando, Mo. 23c. DATE SIGNED 11-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov. 5, 1952 24c. NAME OF CEMETERY Winfield cemetery 24d. LOCATION (City, town, or county) (State) Winfield, Mo.

DATE REC'D BY LOCAL REG. 11-16-52 REGISTRAR'S SIGNATURE Francis Hamblett 284-2 FEDERAL DIRECTOR'S SIGNATURE ADDRESS Elsberry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

923
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NOV 25 1952

NOV 25 1952

NOV 25 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

[Handwritten Signature]

Licensed Embalmer No.

P. O. Address

[Handwritten Address: Eldersburg, Md.]

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.