

FILED JAN 31 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

322

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>120</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>Missouri</u> c. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>9 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo</u> <u>0117</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1805 Howard Street</u>				d. STREET ADDRESS (If rural, give location) <u>1805 Howard Street,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>(none)</u> c. (Last) <u>KELLY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 24-1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 27-1882</u>	9. AGE (In years last birthday) <u>70</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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home.</u>		11. BIRTHPLACE (State or foreign country) <u>Andrew County, Missouri.</u> <u>U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Arthur Hailey</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Ivie</u>		14. NAME OF HUSBAND OR WIFE <u>J. Edward Kelly</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u> <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. Edward Kelly, 1805 Howard, St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Toxic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage.</u> DUE TO (c) <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days.</u> <u>3 weeks.</u> <u>20 years.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490X</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>June, 1947</u> , to <u>January, 1953</u> , that I last saw the deceased alive on <u>January 23, 1953</u> , and that death occurred at <u>4:20p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Herbert B. Kelley, M.D.</u>				23b. ADDRESS <u>Shannon, Mo.</u>		23c. DATE SIGNED <u>1-25-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>(Burial)</u>		24b. DATE <u>January 27</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 29, 1953</u>		REGISTRAR'S SIGNATURE <u>Carl C. Carter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhafer &amp; Gleason</u>		ADDRESS <u>Funeral Home, Inc., St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300

v. 10.48

FEB 18 1963

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**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 Raymond H. Morehead

Licensed Embalmer No. 4413

P. O. Address St. Joseph, 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.