

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4813

State File No.

FILED MAR 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Columbia)
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION 609 Washington Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. STATE Missouri b. COUNTY Boone
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia
d. STREET ADDRESS (If rural, give location) 609 Washington Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) ARLIE b. (Middle) FIELDEN c. (Last) KELLY

4. DATE OF DEATH (Month) (Day) (Year)
March 1, 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 14, 1890 9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months 3 Days 17 IF UNDER 24 HRS. Hours 17 Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, given if retired) Carpenter - University of Missouri
10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Boone County, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME George Kelly 13b. MOTHER'S MAIDEN NAME Maude Tate 14. NAME OF HUSBAND OR WIFE Bessie Goslin Kelly

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. 490-07-0233

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Arlie F. Kelly, Columbia, Mo.

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) Coronary Occlusion
ANTECEDENT CAUSES
DUE TO (b) Coronary Sclerosis
DUE TO (c) Arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4201

INTERVAL BETWEEN ONSET AND DEATH
Immediate
Unknown
Years

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) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 March 1, 1953, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 P. M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry Sweet's, M.D. Coroner 23b. ADDRESS 909 University Ave. Columbia, Mo 23c. DATE SIGNED 3/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3-4-53 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 24d. LOCATION (City, town, or county) (State) Columbia, Missouri.

DATE REC'D BY LOCAL REG. Mar. 4 1953 REGISTRAR'S SIGNATURE Mrs. R. E. Palmer 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 31 - Parker Funeral Service, Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAh 2 v 1988

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 _____

Licensed Embalmer No. 4897

P. O. Address Columbia 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.