

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION MERCY INFIRMARY			

3. NAME OF DECEASED (Type or Print)	a. (First) O.	b. (Middle) L.	c. (Last) KELLETT	4. DATE OF DEATH (Month) (Day) (Year) FEB. 28 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 24 1875	9. AGE (In years last birthday) (Months) (Days) (If UNDER 1 YEAR) (If UNDER 24 HRS.) 77
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DENTIST	10b. KIND OF BUSINESS OR INDUSTRY Dentist	11. BIRTHPLACE (State or foreign country) BAKERSFIELD, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JIM KELLETT	13b. MOTHER'S MAIDEN NAME MARY HAWKINS	14. NAME OF HUSBAND OR WIFE OLIVE KELLETT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME OLIVE KELLETT	ADDRESS WEST PLAINS, MO.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4 m
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. 331X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2-22 1953** to **2-28 1953**, that I last saw the deceased alive on **2-28 1953**, and that death occurred at **5 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE William Williams, Jr. (Degree or title)	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 3-2-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/28/53	24c. NAME OF CEMETERY OR CREMATOR	24d. LOCATION (City, town, or county) (State) WEST PLAINS, MO.
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DATE REC'D BY LOCAL REG. 3/3/53	REGISTRAR'S SIGNATURE Deputy Registrar	25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER	ADDRESS SPRINGFIELD, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 9 1953

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 Lucien L. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield

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.