

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14704

State, File No. \_\_\_\_\_

FILED MAY 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>2223</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) <u>1 DAY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		<u>0495</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>2904 EAST 7TH</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>KELLY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 6, 1953</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 27, 1866</u>	
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED OPERATOR COAL &amp; FUEL CO.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COLE COUNTY, MISSOURI</u>		11. BIRTHPLACE (State or foreign country) <u>USA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>SAMUEL H. KELLY</u>		13b. MOTHER'S MAIDEN NAME <u>-----ENLOE</u>		14. NAME OF HUSBAND OR WIFE <u>CALLIE KELLY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CALLIE KELLY, 2904 E. 7TH, JOPLIN</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac decompensation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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>5-4</u> , 19 <u>53</u> , to <u>5-8</u> , 19 <u>53</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the cause and mode of death stated above.							
23a. SIGNATURE <u>E. H. Hamilton M.D.</u>		(Degree or title)		23b. ADDRESS <u>Frisco Bldg. Joplin, Mo.</u>		23c. DATE SIGNED <u>5-8-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-8-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>5-9-53</u>		REGISTRAR'S SIGNATURE <u>W. S. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Steve Parker Mortuary</u>		ADDRESS <u>JOPLIN, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

495  
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RECEIVED 5-12-53  
Jasper County Health Office

County File Number 53-5-408

Date Filed 5-12-53

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.