

No. 300  
10.48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18730

State File No. ....

FILED MAY 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 31

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Mercer</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Princeton</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Princeton 0650</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  | d. STREET ADDRESS (If rural, give location) <b>0</b>  |  |

|  |                               |   |  |  |                                |   |
|--|-------------------------------|---|--|--|--------------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Arda</b> b. (Middle) <b>C.</b> c. (Last) <b>Kelly</b> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>May 11, 1953</b> |  |                                |   |
| 5. SEX <b>male</b>   | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b> | 8. DATE OF BIRTH <b>4-4-1867</b>                             | 9. AGE (In years last birthday) <b>86</b>                      | IF UNDER 1 YEAR<br>Months Days | IF UNDER 1 HRS.<br>Hours Mins.          |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>druggist</b>     |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>                    |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Ohio</b> |                                | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |

|  |   |                             |
|--|---|-----------------------------|
| 13a. FATHER'S NAME <b>Walden Kelly</b> | 13b. MOTHER'S MAIDEN NAME <b>Mary E. Crawford</b> | 14. NAME OF HUSBAND OR WIFE |
|--|---|-----------------------------|

|   |                                   |   |
|---|-----------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <b>no</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Peter Kelly, Springfield, Ill.</b> |
|---|-----------------------------------|---|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Auriculo-ventricular Block</b>  |  |                                  |
|   | ANTECEDENT CAUSES <b>Stokes Adam's Syndrome</b><br>DUE TO (b) <b>Cardio vascular renal degen</b><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c) |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>None. Progressive for 4 year</b>   |   |  |                                  |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>None</b> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b> | 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 <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 Feb 2, 1948 to May 11, 1953, that I last saw the deceased alive on May 11, 1953 and that death occurred at 3:28 PM., from the causes and on the date stated above.

|   |                                    |                                 |
|---|------------------------------------|---------------------------------|
| 23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b> | 23b. ADDRESS <b>Princeton, Mo.</b> | 23c. DATE SIGNED <b>5/12/53</b> |
|---|------------------------------------|---------------------------------|

|   |                          |   |   |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>5-13-53</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Princeton</b> | 24d. LOCATION (City, town, or county) (State) <b>Mercer Co., Mo</b> |
|---|--------------------------|---|---|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG. <b>5-14-53</b> | REGISTRAR'S SIGNATURE <b>[Signature]</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Noel Moss Princeton, Mo</b> |
|---|--|---|

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

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6961 1 70P3

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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Paul Mack

Licensed Embalmer No. 2634

P. O. Address Sumner, 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.