

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22383**  
Registrar's No. **72**

FILED JUL 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051**

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Perryville</b>	c. LENGTH OF STAY (in this place) <b>9 Months</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Perryville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>202 Zeno St.</b>		d. STREET ADDRESS (If rural, give location) <b>202 Zeno St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Eliza</b> b. (Middle) <b>Cornwell</b> c. (Last) <b>Kelley</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 4, 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>September 29, 1864</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Camden County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>William C. Kelley</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Wm. N. Kelley, Perryville, Mo.</b>	ADDRESS _____
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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, asphyxia, 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 <b>Infarctus cerebri</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Stroke</b> DUE TO (c) <b>Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4-4, 1953**, to **7/4, 1953** that I last saw the deceased alive on **7-2, 1953**, and that death occurred at **9:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wm. N. Kelley</b>	23b. ADDRESS <b>Perryville, Mo.</b>	23c. DATE SIGNED <b>7/6/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 6, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crosstown Baptist Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Crosstown, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-6-53</b>	REGISTRAR'S SIGNATURE <b>Joe J. Zellner</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert Bey</b>	ADDRESS <b>Perryville, Mo.</b>
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WRITE PLAINLY - USING UNFADING BLACK INK

**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.....

Licensed Embalmer No. 3866

P. O. Address Perryville, Pa.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING** (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.