

FILED JUL 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24385

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4196		Registrar's No. 79	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Darlington		c. LENGTH OF STAY (in this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Denison		814 8	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) Etta			b. (Middle) Isabele		c. (Last) Kelley		4. DATE OF DEATH (Month) (Day) (Year) July 2 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 14 1897		9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 7	IF UNDER 12 HRS. Days 18 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Operator		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Alma, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME George B. Kelley		13b. MOTHER'S MAIDEN NAME Alice Sheets		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 482-09-0343		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alfred Murray Harlington, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Verus Haemorrhia</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS-- <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					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) _____		492X		
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 6-79, 1953, to July 2, 1953, that I last saw the deceased alive on July 2, 1953, and that death occurred at 6 P. M., from the causes and on the date stated above.							
23a. SIGNATURE Charles N. Williamson (Degree or title) _____			23b. ADDRESS Gentry, Mo.			23c. DATE SIGNED July 3-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-6-53	24c. NAME OF CEMETERY OR CREMATORY Clarinda Cemetery		24d. LOCATION (City, town, or county) (State) Clarinda, Iowa			
DATE REC'D BY LOCAL REG. July 15 1953	REGISTRAR'S SIGNATURE Maudie Williams		462	25. FUNERAL DIRECTOR'S SIGNATURE Chaffin Broth		ADDRESS Albany Mo	

(Licensed Embalmer's Statement See Reverse Side)

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

OCT 20 1958

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

Charles E. Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.