

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. **30909**

FILED OCT 7 - 1953

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 312	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Macon Adair		b. CITY OR TOWN Hicksville		a. STATE Missouri		b. COUNTY Macon	
c. LENGTH OF STAY (In this place) 3 mo		c. CITY OR TOWN La Plata Mo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Hicksville Osteopathic Hosp				e. STREET ADDRESS (If rural, give location) 0610			
3. NAME OF DECEASED (Type or Print)		a. (First) THOMAS		b. (Middle) JAMES		c. (Last) KELLY	
4. DATE OF DEATH		Month Sept		Day 27		Year 1953	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar 26, 1873	
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 6 Days 1		IF UNDER 24 HRS. Hours — Min. —			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (City and State or Foreign Country) Londonderry, Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Margaret Kelly			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Spanish America		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. Edward Kelly ADDRESS La Plata 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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia		DUE TO (b) Uremia		2 days	
		ANTECEDENT CAUSES		DUE TO (c) Urterial block from calculus		10 days	
		II. OTHER SIGNIFICANT CONDITIONS				14 days	
		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"/>	
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)		604X	
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 July , 19 53 , to Sept 27 , 19 53 , that I last saw the deceased alive on Sept 27 , 19 53 , and that death occurred at 9:22 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) MT Guttenheim D.D.		23b. ADDRESS Hicksville Mo		23c. DATE SIGNED 9-27-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 29, 1953		24c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery		24d. LOCATION (City, town, or county) (State) La Plata Mo	
DATE REC'D BY LOCAL REG. 9-29-53		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Clarence Wilson		ADDRESS La Plata Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 16 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.....
Signature of Student Embalmer

Signed *Kenneth M. Wilson*

Licensed Embalmer No. *470*

P. O. Address *La Plata N*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.