

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42040

State File No.

FILED JAN 6 1954

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5070 Registrar's No. 87

2060

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

1. PLACE OF DEATH a. COUNTY <u>BARTON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BARTON</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Milford</u>		c. LENGTH OF STAY (in this place) <u>39 days</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Milford</u>		2060
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>Lamar R 3</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>A METTA</u>	c. (Last) <u>KELLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 15 1953</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC 15 1886</u>	9. AGE (In years last birthday) <u>67</u>	If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 Wks. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>UNKNOWN</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>ISAAC MOLL</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA T. MOORE</u>	14. NAME OF HUSBAND OR WIFE <u>John Kelley dec.</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Raymond Kelley Lamar MO R 3</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</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.				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
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) <u>LAMAR BARTON MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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>Oct 180</u> , to <u>Dec. 15, 1953</u> , that I last saw the deceased alive on <u>Dec 10, 1953</u> , and that death occurred at <u>32</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>DR Guelder M.D.</u>			23b. ADDRESS <u>LAMAR</u>		23c. DATE SIGNED <u>Dec 19 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC 20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St James</u>	24d. LOCATION (City, town, or county) (State) <u>BARTON MO</u>		
DATE REC'D BY LOCAL REG. <u>DEC 29 1953</u>	REGISTRAR'S SIGNATURE <u>Marie Kovanta</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S. Bernard Burns</u>		

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed L. Bernard Beung

Licensed Embalmer No. 4161

P. O. Address Sheldon, 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.