

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

State File No. **42129**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1325	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Andrew			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (In this place) 26 days		c. CITY (If outside corporate limits, write RURAL and give township) Savannah		e. 20	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.				d. STREET ADDRESS (If rural, give location) 616 W. Market			
3. NAME OF DECEASED (Type or Print) a. (First) Arthur		b. (Middle) Henry		c. (Last) Kelley		4. DATE OF DEATH (Month) (Day) (Year) 12-27-1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 1, 1884	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 WKS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor		10b. KIND OF BUSINESS OR INDUSTRY Doctor M.D.		11. BIRTHPLACE (City and State or Foreign Country) Savannah, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME David Kelley		13b. MOTHER'S MAIDEN NAME Gloria Buis		14. NAME OF HUSBAND OR WIFE B. Marguerite Kelley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS B. Marguerite Kelley Savannah 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arterio-Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 30 days 10 years 10 years	
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) 331X			
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 12-1- , 1953, to 12-27- , 1953, that I last saw the deceased alive on 12-26- , 1953, and that death occurred at 1:45 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Name and title) Kelley B. Kelley, M.D.				23b. ADDRESS Savannah, Mo.		23c. DATE SIGNED 12-28-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-29-53		24c. NAME OF CEMETERY OR CREMATORY Savannah City Cem.		24d. LOCATION (City, town, or county) (State) Savannah, Mo.	
DATE REC'D BY LOCAL REG. Dec 28, 1953		REGISTRAR'S SIGNATURE Edith M. Allison		25. GENERAL DIRECTOR'S SIGNATURE W. A. Kelly		ADDRESS Savannah Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
v. 10-48

FILED JAN 4 1954

JAN 12 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm. A. Rich

Licensed Embalmer No. 4778

P. O. Address Savannah, Ga.

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.