

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43533

State File No.

FILED JAN 4 1954

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BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 4292 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WINFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WINFIELD</u> <u>0570</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSHUA</u> b. (Middle) _____ c. (Last) <u>KELLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 13, 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED , DIVORCED , RE-MARRIED	
8. DATE OF BIRTH <u>2-11-1868</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plasterer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>		11. BIRTHPLACE (State or foreign country) <u>CLARKSVILLE, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>JOHN KELLEY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY PEGAN</u>		14. NAME OF HUSBAND OR WIFE <u>MAY DIXON KELLY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>May M. Dixon</u> ADDRESS <u>Winfield</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>(a) Acute Heart Block</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden after 10 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO <u>Chronic Congestive Heart Failure</u>		<u>10 months</u>	
		DUE TO <u>Debility of Age</u>		<u>8 5 1/2</u>	
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 <u>4330</u>		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)	
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?	

22. I hereby certify that I attended the deceased from Nov. 1, 1950, to Dec. 13, 1953 that I last saw the deceased alive on Dec. 13, 1953 and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank L. Sutton</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Winfield Mo.</u>		23c. DATE SIGNED <u>12/20/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/15/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BETHANY</u>	
24d. LOCATION (City, town, or county) (State) <u>RFD WINFIELD, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Dec. 20 1953</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u> 162		F. FUNERAL DIRECTOR'S SIGNATURE <u>Garland K. Elsberry</u> ADDRESS <u>ELSBERRY</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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
Student Embalmer

Student Embalmer No. _____

Signed _____

C. Galantick

Licensed Embalmer No. _____

4012

P. O. Address _____

Elsherry, 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.