

# STANDARD CERTIFICATE OF DEATH

BIRTH NO. **FILED FEB 9 1954** REG. DIST. NO. **37** PRIMARY REG. DIST. NO. **4049** Registrar's No. **5**

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

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Centrlia, Mo.</b> )		c. CITY OR TOWN <b>Centralia, Mo.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <b>223 S. Barr Street.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>223 S. Barr Street.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Blanche</b> b. (Middle) c. (Last) <b>Kelley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 22 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov 16, 1885</b>	9. AGE (In years last birthday) <b>68</b>	10. IF UNDER 1 YEAR Months <b>2</b> Days <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaker</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Boone County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Samuel Baker</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Elizabeth Grindstaff</b>		14. NAME OF HUSBAND OR WIFE <b>Jesse Kelley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Virginia Kelley, Centrlia</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>		
	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.			

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) <b>4200</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1 22 54 10a.</b>		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 1/22/1954, to 1954, that I last saw the deceased alive on 19, and that death occurred at 10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Nancy H. Sweet JMD Coroner</b>		23b. ADDRESS <b>Columbia, Mo.</b>		23c. DATE SIGNED <b>1/23/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 24, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Centralia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Centralia, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>Feb 2-1954</b>		REGISTRAR'S SIGNATURE <b>Maud McBride</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Bill P. Miller Centralia, Missouri</b>	
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FEB 9  
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 *Bill J. Meador*.....

Licensed Embalmer No... *4876*

P. O. Address... *Centralia, W.*

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.