

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson city</u>		c. LENGTH OF STAY (In this place) <u>10 yrs.</u>	c. CITY OR TOWN <u>Jefferson city</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>528-dea fax c t c o</u>	0264

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert Henry</u> b. (Middle) <u>Kelley Jr.</u> c. (Last) <u>Kelley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 12 1954</u>		
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5. SEX <u>Male</u>	6. COLOR (OR RACE) <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 19 1924</u>	9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u>2</u> Min. <u>8</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Staco of Mo.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert H. Kelley</u>		13b. MOTHER'S MAIDEN NAME <u>Viola Mae Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Maty P. Kelley</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or dates of service) <u>Yes World II</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Kelley</u> ADDRESS <u>1623 School - J.C. Mo.</u>		
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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>Toxaemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>13 hrs.</u>
		ANTECEDENT CAUSES DUE TO (b) <u>Extensive Burns, Thermal, 90%</u>			<u>17 1/2 hrs.</u>
		DUE TO (c) <u>Explosion of chfpla - illegals</u>			<u>17 1/2 hrs.</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			<u>E 9/60</u> <u>16</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Friend's home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson City, Cole, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 11, '54 8:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Entered friend's home + house "exploded".</u>
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22. I hereby certify that I attended the deceased from 4-11, 1954, to 4-12, 1954, that I last saw the deceased alive on 4-12, 1954, and that death occurred at 1:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Donald Shall, M.D.</u>		23b. ADDRESS <u>521 E. High Jefferson City Mo</u>	23c. DATE SIGNED <u>4-14-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 15 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McGregor</u>	24d. LOCATION (City, town, or county) (State) <u>Cole County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 16 54</u>	REGISTRAR'S SIGNATURE <u>R.P. Darrin MD - JR</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Anderson - Tanner 2 - C. Mo.</u>	
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MAY 5

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.....
Sylvester Dull

Licensed Embalmer No. 432

P. O. Address *Jefferson*

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.