

FILED JUL 6 1954

STANDARD CERTIFICATE OF DEATH

State File No. 18271

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Springs	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN El Dorado Springs	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 223 West Walnut		e. STREET ADDRESS (If rural, give location) 223 West Walnut	

3. NAME OF DECEASED (Type or Print) Bessie Hutzell Kelly	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Aug 29 1954
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-12-1888	9. AGE (In years last birthday) 66	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Cedar County, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME James B. Bowen	13b. MOTHER'S MAIDEN NAME Alice Hickman	14. NAME OF HUSBAND OR WIFE Walter Kelly
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none for Hutzell - El Dorado Springs, Mo.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion	ANTECEDENT CAUSES		1 hour
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none known to me		
	DUE TO (c) Nervous Pension		
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"/>
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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
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 13, 1953, to June 29, 1954, that I last saw the deceased alive on June 24, 1954, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE L. G. Dammann, M.D.	(Degree or title)	23b. ADDRESS El Dorado Springs, Mo.	23c. DATE SIGNED 6/30/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-1-54	24c. NAME OF CEMETERY OR CREMATORY El Dorado Springs	24d. LOCATION (City, town, or county) (State) El Dorado Springs, Mo.
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DATE REC'D BY LOCAL REG. June 30, 1954	REGISTRAR'S SIGNATURE Wm. L. Knauth	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

0201

0201

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..... *May W. Beckering*

Licensed Embalmer No..... *467*

P. O. Address..... *Edwards*

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.