

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29860

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1039

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 8 Yrs.		e. STREET ADDRESS (If rural, give location) 1709 Grand Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) William	c. (Last) Kelly	4. DATE OF DEATH September 22, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 27, 1873	9. AGE (in years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Andrew County, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Kelly	13b. MOTHER'S MAIDEN NAME Katherine Hartman	14. NAME OF HUSBAND OR WIFE Lulu Kelly
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Charles Wm. Kelly Jr.	ADDRESS Cosby, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Depressed Skull Fracture		INTERVAL BETWEEN ONSET AND DEATH 1 day.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fatal Brain Hemorrhage 1 day.		
	DUE TO (c) Man was fatally injured when his tractor he was driving overturned pinning man beneath, injuries to		
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 left thigh and head	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 002 (STATE) Andrew County, Mo.
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept. 22, 1954, 0-A	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Driving Tractor, Machine upset.
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22. I hereby certify that I attended the deceased from 9/22, 1954, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE H. J. Mindy (Coroner, M.D.)	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 9/22/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 24, 1954	24c. NAME OF CEMETERY OR CREMATORY High Prairie Cemetery	24d. LOCATION (City, town, or county) (State) Andrew County, Mo.
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DATE REC'D BY LOCAL REG. Sept 30, 1954	REGISTRAR'S SIGNATURE Katherine M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE INC. ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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 emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Raymond W. H. Over*.....

Licensed Embalmer No. 44

P. O. Address *Super*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.