

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31271**

FILED SEP 16 1954

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3145 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>R. 1, Box 238</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>En route to Doctor's Office</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Levi</u> b. (Middle) _____ c. (Last) <u>Kelly, Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>(child)</u>	
8. DATE OF BIRTH <u>Oct. 2, 1944</u>		9. AGE (In years last birthday) <u>9</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>9</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School boy</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Charleston, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Levi Kelly</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Critten</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sarah Mains, R. 1, Box 238, Charleston, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cranial Skull fracture</u>			INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Riding bicycle and ran into rear end of truck.</u>			<u>10 min.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>E 8130</u> <u>29</u>				

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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Charleston Mississippi Missouri</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Sept. 11, '54 2:30pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Collided with tail end of truck while riding bicycle.</u>		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:40P, m., from the causes and on the date stated above.

22. SIGNATURE <u>Waris Shelby Corones</u> (Degree or title) _____		23. ADDRESS <u>East Prairie, Mo.</u>		23c. DATE SIGNED <u>9/13/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 17, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>SEP 16 1954</u>		REGISTRAR'S SIGNATURE <u>Edgar A. Bridger</u>		FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u> ADDRESS <u>Charleston, Mo.</u>	
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OCT 7
SEP 17 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
Student Embalmer

Signed Frank Sparks
Licensed Embalmer No. 3455
P. O. Address Cape Girardeau

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.