

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 17 1954

State File No. \_\_\_\_\_

No. 300  
10.48

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>555</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> , b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place) <u>5 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		d. STREET ADDRESS (If rural, give location) <u>Poplar Bluff Mo, 1031</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital,</u>				d. STREET ADDRESS (If rural, give location) <u>Poplar Bluff Mo, 1031</u>			
3. NAME OF DECEASED (Type or Print) <u>Theodore Kelley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 30 54</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed,</u>		8. DATE OF BIRTH <u>Aug 10 1916</u>	
9. AGE (In years last birthday) <u>38</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Bakery</u>		11. BIRTHPLACE (State or foreign country) <u>Clinton Missouri,</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bakerman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bakery</u>		11. BIRTHPLACE (State or foreign country) <u>Clinton Missouri,</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Kelley</u>			13b. MOTHER'S MAIDEN NAME <u>Archie Norrid,</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased,</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records -</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>10-26, 1954, to 10-20, 1954,</u> that I last saw the deceased alive on <u>10-30, 1954,</u> and that death occurred at <u>8:40 A. M.,</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert C. Engelhardt M.D.</u>				23b. ADDRESS <u>Poplar Bluff Mo.</u>		23c. DATE SIGNED <u>11/15/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11 1 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Puxico</u>		24d. LOCATION (City, town, or county) (State) <u>Puxico Missouri,</u>	
DATE REC'D BY LOCAL REG. <u>11/9/54</u>		REGISTRAR'S SIGNATURE <u>R. A. Munnick</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins and Sons Puxico Mo.</u>			

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

RECEIVED  
NOV 15 1954  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

NOV 29 1954

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 \_\_\_\_\_

*Mark Watkins*

Licensed Embalmer No. \_\_\_\_\_

*477*

P. O. Address \_\_\_\_\_

*Defton Mo*

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.