

FILED MAR 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5665

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>246</u>		PRIMARY REG. DIST. NO. <u>5835</u>		Registrar's No. <u>1</u>		
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL SHOAL CREEK</u>		c. LENGTH OF STAY (In this place) <u>28 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL SHOAL CREEK</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROUTE 2, JOPLIN</u>				d. STREET ADDRESS (If rural, give location) <u>ROUTE 2, JOPLIN</u> 0730 0				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u>		b. (Middle) _____		c. (Last) <u>KELLY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 18, 1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT. 18, 1885</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>SPRINGFIELD, MO.</u> 0		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME _____			13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>FINIS KELLY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FINIS KELLY, RT. 2, JOPLIN</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>Cardio-vascular-renal disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>From 12-14-55</u> to time of death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>					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) _____				
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? _____				
22. I hereby certify that I attended the deceased from <u>12-14-13</u> , 19____, to <u>2-18-55</u> , 19____, that I last saw the deceased alive on <u>2-18-55</u> , 19____, and that death occurred at <u>1:10 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> <u>By Kuhl, J.P., M.D.</u> (Name or title)				23b. ADDRESS <u>321 Frisco Building, Joplin, Missouri</u>		23c. DATE SIGNED <u>2-19-55</u>		
24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-19-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>224 FOREST PARK</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN MO.</u>		
DATE REC'D BY LOCAL REG. <u>2-23-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>				

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____
District File Number 255-22
Date Filed 2/1/55

NEOSHO, MISSOURI

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 _____

working under my personal supervision.

Student Embalmer No.

Signed F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2719

P. O. Address Joplin 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.