

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26895**Registrar's No. **72**BIRTH NO. _____ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039**

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield	
c. LENGTH OF STAY (in this place) 1 mo.		d. STREET ADDRESS (If rural, give location) 1218 Courtland	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) LESLIE G.	b. (Middle) KELLEY	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 25, 1888	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Exec. Secretary	10b. KIND OF BUSINESS OR INDUSTRY Loan Company	11. BIRTHPLACE (State or foreign country) Brookfield, Mo.	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME C. Edw. Kelley	13b. MOTHER'S MAIDEN NAME Lillie Ridgway	14. NAME OF HUSBAND OR WIFE Herma Lamb
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. 488-14-4262	17. INFORMANT'S SIGNATURE OR NAME Mrs. Herma Kelley, Brookfield, Mo.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pyelonephritis & uremia		7 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Melanotic carcinoma of bladder & prostate		6 hrs
DUE TO (c) Adenocarcinoma of rectum		16 hrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. rectum 154 X			

19a. DATE OF OPERATION 7-3-54	19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of rectum with extension into prostate	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **April**, 1954, to **8-31**, 1955, that I last saw the deceased alive on **8-30**, 1955, and that death occurred at **9 a** m., from the causes and on the date stated above.

23a. SIGNATURE John R. Dyer, M.D. (Degree or title)	23b. ADDRESS Brookfield Mo	23c. DATE SIGNED 9-1-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 2, 1955	24c. NAME OF CEMETERY OR CREMATORY Rose Hill cemetery	24d. LOCATION (City, town, or county) (State) Brookfield, Mo.
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DATE REC'D BY LOCAL REG. 9-2-55	REGISTRAR'S SIGNATURE M. J. Ridgway	25. FUNERAL DIRECTOR'S SIGNATURE Wright Funeral Home, Brookfield, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48581
00-581
0

MAY 21 1956

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

Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.