

STANDARD CERTIFICATE OF DEATH

State File No. 27022

FILED AUG 26 1955

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

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5764 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Marion - Warren Twp</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MONROE CITY 0640</u>	
c. LENGTH OF STAY (In this place) <u>3-WKS</u>		d. STREET ADDRESS (If rural, give location) <u>102 STODDARD AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MONROE CITY R. HOSPITAL #2</u>			

3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>KELLY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-23-1955</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>2-12-1869</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR: Days <u>5</u> Hours <u>11</u>	
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		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>CHARLES FIELDS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY MARGARET EGEN</u>		14. NAME OF HUSBAND OR WIFE <u>EUGENE S. KELLY</u>	
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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Julia Egan, Monroe City</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>URAEMLIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 Days</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. <u>CHRONIC HEART DISEASE</u> <u>SENILITY</u>		<u>10 YEARS</u> <u>24 YEARS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 JULY 1, 1948, to JULY 23, 1955, that I last saw the deceased alive on JULY 22, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Kelly M.D.</u>		23b. ADDRESS <u>Monroe City, Missouri</u>		23c. DATE SIGNED <u>July 26, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/26/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>INDIAN CREEK</u>	
24d. LOCATION (City, town, or county) (State) <u>INDIAN CREEK, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Harold Garwood, Monroe City</u>			
DATE REC'D BY LOCAL REG. <u>7/27/55</u>		REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke by deputy</u>			

AUG 24 1955

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED AUG 24 1955

AUG 28 1955

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 Harold T. Harris

Signed.....
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Monroe City

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.