No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29414

BIRTH NO. 63790-55 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 169

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

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WASHINGTON
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. FRANCIS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN: Union
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): --- 0360

3. NAME OF DECEASED (Type or Print)
a. (First): LARRY
b. (Middle): DALE
c. (Last): KELLEY

4. DATE OF DEATH (Month) (Day) (Year): OCT. 2 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: SEPT. 30, 1955
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days 2; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): WASHINGTON, MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JAMES KELLEY
13b. MOTHER'S MAIDEN NAME: DELMA KLEPPER KELLEY
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: JAMES KELLEY ADDRESS: UNION, MO.

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, asthenia, 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) Trauma to Brain & Spinal Cord	48 hrs
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Birth injury	48 hrs
	DUE TO (c) Constricted outlet (of Birth Cause)	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 7600
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 Sept, 1955, *to* 2 Oct, 1955, *that I last saw the deceased alive on* 3 Oct, 1955, *and that death occurred at* 8:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm R Richardson, MD
23b. ADDRESS: Union, Mo
23c. DATE SIGNED: 3 Oct 55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: OCT. 3, 1955
24c. NAME OF CEMETERY OR CREMATORY: UNION CEMETERY
24d. LOCATION (City, town, or county) (State): UNION MO.

DATE REC'D BY LOCAL REG.: 10/3/55
REGISTRAR'S SIGNATURE: F. C. Heidmann J. C. Heidmann Jr. 99
25. FUNERAL DIRECTOR'S SIGNATURE: E. F. Oltmann ADDRESS: Union Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....E. F. Oltmann.....

Licensed Embalmer No. 168

P. O. Address Union M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.