No. 300
10.48

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

FILED OCT 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29598

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO 3024 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY: Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fayette
c. LENGTH OF STAY (in this place): 1½ days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lee Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Chariton
c. CITY OR TOWN: Salisbury
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 503 South Alice St. 0210 1

3. NAME OF DECEASED (Type or Print)
a. (First): Frankie
b. (Middle): Eugene
c. (Last): Kelley

4. DATE OF DEATH (Month) (Day) (Year): Oct 1 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 12, 1912
9. AGE (In years last birthday): 43 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

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

13a. FATHER'S NAME: Bert Kelley
13b. MOTHER'S MAIDEN NAME: Ruth Powell
14. NAME OF HUSBAND OR WIFE: Mary Jane Price Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 492-12-5641
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs Eugene Kelley Salisbury 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis - Pulmonary — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

002X

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
20. AUTOPSY? YES [ ] NO [X]

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* _____, 1952, *to* Oct 1, 1955, *that I last saw the deceased alive on* Oct 1, 1955, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M Beech M.D.
23b. ADDRESS: Fayette Mo
23c. DATE SIGNED: 10-6-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-3-1955
24c. NAME OF CEMETERY OR CREMATORY: Memorial Gardens
24d. LOCATION (City, town, or county) (State): Moberly Mo.

DATE REC'D BY LOCAL REG.: 10-3-55
REGISTRAR'S SIGNATURE: Mary K. Shell 436
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Chas B Winkelmayer Salisbury Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 9 1961

SEP 18 1957

OCT 11 1958

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 Chas B Winkelmeyer

Licensed Embalmer No. 38

P. O. Address Salisbury,

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.