

10. 300
0. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37471

FILED NOV 22 1955

State File No.

BIRTH NO. 184 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5744 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CAPE GIRARDEAU</u>	
b. CITY OR TOWN <u>RURAL - CASTOR</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>JACKSON</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile south of highway 20 on madison county F Road</u>		e. STREET ADDRESS (If rural, give location) <u>0161</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>CHARLES</u> c. (Last) <u>KELLY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 12, 1955</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JULY 3, 1931</u>	9. AGE (in years last birthday) <u>24</u>	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. ARMY</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>JACKSON, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>George W. KELLY</u>	13b. MOTHER'S MAIDEN NAME <u>MARIE B. DAVIS</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES AT present</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George W. Kelly, JACKSON MO.</u>	ADDRESS
--	--	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>death by careless and wreckless driving by high rate of speed.</u>		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>OPINION OF JURY Verdict: came to his death by careless and wreckless driving by high rate of speed.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemorrhage of brain. Broken neck and fractured skull</u> DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CASTOR Township Madison, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 12, 1955 8:45 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Sam Dajin Jr. Coroner Madison Co. Mo.</u>	23b. ADDRESS <u>Fredericktown, Mo.</u>	23c. DATE SIGNED <u>11-14-55</u>
---	--	----------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-14-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Russel Heights Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>JACKSON Mo.</u>
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. <u>11-14-1955</u>	REGISTRAR'S SIGNATURE <u>Frederic Dieker</u> 187	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Dajin Jr. Fredericktown, Mo.</u>	ADDRESS
--	--	--	---------

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
NOV 21 1955

FILE No. 1123-27

RECEIVED
NOV 21 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Charles McLarty

Licensed Embalmer No. 483

P. O. Address Fredericktown

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.