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FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41457

State File No. ....

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Granby</u>	c. LENGTH OF STAY (In this place) <u>6 wk.</u>	c. CITY OR TOWN <u>Granby</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Granby Comm. Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>0735</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Arvin</u> b. (Middle) <u>Guy</u> c. (Last) <u>Kelly</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-31-55</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-10-1891</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Road construction</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE, (City and State or Foreign Country) <u>Grainsville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lafayette Kelly</u>	13b. MOTHER'S MAIDEN NAME <u>Martha M. Stipp</u>	14. NAME OF HUSBAND OR WIFE <u>Cecil Kelly</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Cecil Kelly Granby, Mo.</u>	ADDRESS <u>Granby, Mo.</u>
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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) <u>Medullary paralysis</u>		<u>15 min</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Metastatic cancer of the brain</u>		<u>2 weeks</u>
DUE TO (c) <u>Bronchiogenic carcinoma</u>		<u>3 months</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>162X</u>			

19a. DATE OF OPERATION <u>12/12/55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Bronchigenic carcinoma left upper lobe invading spine</u>	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)
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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?
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22. I hereby certify that I attended the deceased from Sept 28, 1955, to Dec 31, 1955, that I last saw the deceased alive on Dec. 31, 1955, and that death occurred at 2:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles O. Chester D.O.</u>	23b. ADDRESS <u>Granby, Mo.</u>	23c. DATE SIGNED <u>1/4/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-3-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Granby Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Granby Missouri</u>
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DATE REC'D BY LOCAL REG <u>Jan. 4, 1956</u>	REGISTRAR'S SIGNATURE <u>M. E. Young</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. E. Stenrover</u>	ADDRESS <u>Granby, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

NEWTON COUNTY HEALTH DEPARTMENT  
MISSOURI

Date Filed  
JAN 6 - 9 1931  
Number of Bodies  
Health Officer No.

RECEIVED

**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 *Floyd E. Shewmiller*.....

Licensed Embalmer No. 492  
Box 58 Granby, Mo.  
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.