

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2004

State File No.

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>209</u> | | PRIMARY REG. DIST. NO. <u>3043</u> | | Registrar's No. <u>4</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>Marion</u> | | b. CITY (If outside corporate limits, write RURAL and give town) <u>Hannibal,</u> | | c. LENGTH OF STAY (In this place) <u>5 Days</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>Levering Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>414 N 4th St</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | | |
| a. (First) <u>Ida</u> | | b. (Middle) <u>Paulina</u> | | c. (Last) <u>Kelly</u> | | (Month) (Day) (Year) <u>1 - 1 - 1956</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>Oct 22, 1871</u> | |
| 9. AGE (In years last birthday) <u>84</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 4 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cincinnati, Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 13a. FATHER'S NAME <u>John Stephen Kohl</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Maria R. Lindner</u> | | 14. NAME OF HUSBAND OR WIFE <u>Charles G. Kelly (D)</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. ----- | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. Carter Hannibal, Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> | | | | <u>3 mo</u> | |
| | | ANTECEDENT CAUSES | | | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) _____ | | | | | |
| 19a. DATE OF OPERATION | | II. OTHER SIGNIFICANT CONDITIONS | | | | 4341 | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19b. MAJOR FINDINGS OF OPERATION | | 19c. DATE OF OPERATION | | | | 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) <u>Dec 28 1954</u> m. | | 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 <u>Dec 25</u> , 1954, to <u>Jan 1</u> , 1956, that I last saw the deceased alive on <u>Jan 1</u> , 1956, and that death occurred at <u>12:40 PM</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Dr. A. A. Dertys</u> | | | | 23b. ADDRESS <u>Hannibal Mo</u> | | 23c. DATE SIGNED <u>1-3-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1-4-1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>1/10/56</u> | | REGISTRAR'S SIGNATURE <u>Wm. Carter</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark</u> | | ADDRESS <u>Hannibal, Mo.</u> | |

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

JAN 19 1956

RECEIVED

MARION CO. HEALTH DEPT

DATE FILED JAN 19 1956

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..... *Ralph Clark*

Licensed Embalmer No..... 4217

P. O. Address..... Hannibal,

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.