

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5733

State File No. _____

FILED FEB 27 1956

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5834 Registrar's No. 17

1. PLACE OF DEATH

a. COUNTY Newton

b. CITY OR TOWN DIAMOND

c. LENGTH OF STAY (in this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Newton

c. CITY OR TOWN DIAMOND

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) 0730

3. NAME OF DECEASED (Type or Print)

a. (First) ROY b. (Middle) BELL c. (Last) KELLEY

4. DATE OF DEATH (Month) (Day) (Year) FEB 13 1956

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH DEC. 14, 1881 9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months _____ IF UNDER 6 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SALESMAN 10b. KIND OF BUSINESS OR INDUSTRY HARDWARE 11. BIRTHPLACE (City and State or Foreign Country) COUNCIL GROVE KANSAS 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME DANIEL KELLEY 13b. MOTHER'S MAIDEN NAME MELVINA ROOK 14. NAME OF HUSBAND OR WIFE REINA KELLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS REINA KELLEY DIAMOND MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arthritis

INTERVAL BETWEEN ONSET AND DEATH Several years

ANTECEDENT CAUSES

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

DUE TO (c) _____

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 725X

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 2 11, 1956, to 2 13, 1956, that I last saw the deceased alive on 2-11, 1956, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. E. Malen MD 23b. ADDRESS Franklin Mo 23c. DATE SIGNED, 2-14-56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 2-15-1956 24c. NAME OF CEMETERY OR CREMATORY DIAMOND 24d. LOCATION (City, town, or county) (State) DIAMOND Missouri

DATE REC'D BY LOCAL REG. 2-14-56 REGISTRAR'S SIGNATURE Melvin C. Boromah 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Orsley Thompson Neosho Mo

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

FEB 26 1956

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No.

District File Number

Date Filed ~~.....~~ FEB 24 1956

NEOSHO, MISSOURI

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 *Barley Thompson Sr.*

Licensed Embalmer No. *3259*

P. O. Address *Neosho Mo*

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.