

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27729

State File No. ....

FILED SEP 11 1956

BIRTH NO. _____		REG. DIST. NO. <u>248</u>		PRIMARY REG. DIST. NO. <u>5841</u>		Registrar's No. _____	
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 OR TOWN <u>RURAL</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>RURAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BUFFALO TWP.</u>				e. STREET ADDRESS (If rural, give location) <u>BUFFALO TWP. 013<sup>rd</sup></u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE</u>		b. (Middle) <u>M.</u>		c. (Last) <u>KELLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 5, 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>DEC. 25, 1882</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>NEWTON CO. MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>H. P. BALL</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA HANNAH</u>		14. NAME OF HUSBAND OR WIFE _____			
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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. Dabson Neosho Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS 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) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to <u>8/5</u> , 19 <u>56</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carley Thompson, Jr. M.D.</u>				23b. ADDRESS <u>Neosho Mo.</u>		23c. DATE SIGNED <u>8/29/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-9-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SWARS PRAIRIE</u>		24d. LOCATION (City, town, or county) (State) <u>NEWTON COUNTY MO.</u>	
DATE REC'D BY LOCAL REG. <u>8-29-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carley Thompson, Neosho Mo.</u>			

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

418 0

**RECEIVED**

District Health Officer No. *Newton*  
District File Number *956-142*  
Date Filed *SEP 4 1956*

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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 *Leo G. Whitaker*

Licensed Embalmer No. *478*

P. O. Address *Meach, m*

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.