

FILED OCT 3 1956

STANDARD CERTIFICATE OF DEATH

State File No. 30187

BIRTH NO. _____ REG. DIST. NO. 76th PRIMARY REG. DIST. NO. 3015 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CLINTON	
b. CITY OR TOWN Cameron		c. CITY OR TOWN Cameron	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 311 S. WAL. ST. 250	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Thomas c. (Last) Kelley			4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 22, 1898		9. AGE (In years last birthday) 58		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph Operator		10b. KIND OF BUSINESS OR INDUSTRY Rail Road	
11. BIRTHPLACE (City and State or Foreign Country) Rushville Mo		12. CITIZEN OF WHAT COUNTRY? U.S.C.			

13a. FATHER'S NAME John W. Kelley		13b. MOTHER'S MAIDEN NAME Rachel Berry		14. NAME OF HUSBAND OR WIFE Minnie Kelley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes U.W. No. 1.		16. SOCIAL SECURITY NO. None.		17. INFORMANT'S SIGNATURE OR NAME Minnie Kelley ADDRESS Cameron, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		II. OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus & arteriosclerosis, coronary atherosclerosis, prostatic hypertrophy, arteriosclerosis, chronic pulmonary tuberculosis, tuberculosis of kidney			2 days
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			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)		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)		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 **9-21**, 19**56**, to **9-26**, 19**56**, that I last saw the deceased alive on **9-25**, 19**56**, and that death occurred at **4:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. H. Heston		23b. ADDRESS Cameron Mo		23c. DATE SIGNED 9-28-56	
--	--	--------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-28-1956		24c. NAME OF CEMETERY OR CREMATORY EVERGREEN Cemetery	
24d. LOCATION (City, town, or county) (State) CAMERON MO		DATE REC'D BY LOCAL REG. 9-28-56		REGISTRAR'S SIGNATURE Francis D Crawford	
25. FUNERAL DIRECTOR'S SIGNATURE Do Moss CRUNK		ADDRESS CAMERON, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

531

OCT 4 1958

OCT 18 1958

JAN 18 1961

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 *Leona Hunt*.....

Licensed Embalmer No. *2533*.....

P. O. Address *Lameron, Ga*.....

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.