

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013439
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) (Specify) a. STATE MISSOURI b. COUNTY CALLAWAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FULTON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. HOSPITAL #1		Length of stay in 1b 6 days	d. STREET ADDRESS (If outside, give location) 839 PINE STREET
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) MAMIE	First	Middle	Last KELLY	4. DATE OF DEATH Month APRIL Day 17 Year 1958
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5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 12, 1887	9. AGE (In years) (day) 70	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) Housework	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Callaway County, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joe Newsom	13b. MOTHER'S MAIDEN NAME Martha Johnson	14. NAME OF HUSBAND OR WIFE Ernest Kelley
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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. UNKNOWN	17. INFORMANT ST. HOSPITAL #1, FULTON, MISSOURI	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Multiple Myeloma		
DUE TO (c) 203X		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain Syndrome with Cerebral Arteriosclerosis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Hospital #1	20f. CITY, TOWN, OR LOCATION FULTON	COUNTY MO	STATE
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21. Xy attended the deceased from 4-11-58 to 4-17-58 and last saw her alive on 4-17-58 Death occurred at 8:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Wallace L. Newsom</i> (Degree or title)	22b. ADDRESS ST. HOSPITAL #1, FULTON, MO	22c. DATE SIGNED 4-17-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr; 19, 1958	23c. NAME OF CEMETERY OR CREMATORY South Side Cemetery	23d. LOCATION (City, town, or county) (State) Fulton MO
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24. FUNERAL DIRECTOR Wallace L. Newsom ADDRESS Fulton Mo	25. DATE RECD. BY LOCAL REG. April 17-1958	26. REGISTRAR'S SIGNATURE <i>Martha Lawrence</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 25 1958

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 *Hector R. Masure*.....

Licensed Embalmer No. *4996*.....
P. O. Address *Fulton, Md.*.....

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.