

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-1813453
STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 47 Primary Registration District No. 5164 Registrar's No. 95

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-57

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| 1. PLACE OF DEATH a. COUNTY Callaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway <i>10140</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR Fulton Twp. TOWN | | c. CITY OR TOWN RFD Fulton | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Modern Acres Home | | d. STREET ADDRESS Modern Acres Home (If outside, give location) | |
| Length of stay in lb 2 yrs | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Peter Middle Martin Last Kelly | | | 4. DATE OF DEATH Month Apr. Day 13 Year 1958 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan 29, 1878 |
| 9. AGE (In years of birthday) 80 | | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HRS. Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired | | 10b. KIND OF BUSINESS OR INDUSTRY Janitor | 11. BIRTHPLACE (City and state or country) Montgomery City Mo. |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME unknown | |
| 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE Mae Kelly | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no) no | | 16. SOCIAL SECURITY NO. no | 17. INFORMANT Address Frank Kelly Fulton Missouri |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Influenza DUE TO (b) infected by it influenza DUE TO (c) Cystitis & prostate enlargement Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 481X |
| 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 8 p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <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.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
| 21. I attended the deceased from 4-5 to 4-11 and last saw her alive on 4/11 5:30 Death occurred at 8 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE W O Payer M.D. (Name or title) | | 22b. ADDRESS R# 3 Fulton Mo | 22c. DATE SIGNED 4/14/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4/16/58 | 23c. NAME OF CEMETERY OR CREMATORY New Florence | 23d. LOCATION (City, town, or county) (State) New Florence Missouri. |
| 24. FUNERAL DIRECTOR Morgan ADDRESS Fulton Mo | | 25. DATE RECD. BY LOCAL REG. April 26 1958 | 26. REGISTRAR'S SIGNATURE Maritta Lawrence |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

X

Signed J. D. Rosson

Licensed Embalmer No. 2555

P. O. Address Millon

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.