

FILED MAY 1 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013484

STATE FILE NUMBER

283

Registration District No. 53

Primary Registration District No. 3010

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Cape</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscott</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Hayti</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Frances Hosp. 3 Wks.</b>		d. STREET ADDRESS <b>412 S. 3rd, St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Freda</b> Middle <b>Bryant</b> Last <b>Kelly</b>		4. DATE OF DEATH Month <b>April</b> Day <b>19</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>8-10-1893</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	9. AGE (In years last birthday) <b>64</b> IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <b>Norris City, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Oliver H. Bryant</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Spence</b>	
14. NAME OF HUSBAND OR WIFE <b>Floyd L. Kelly</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No X</b>	
16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT Address <b>Freda Rose Crafton Hayti, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Stomach -</b> DUE TO (b) <b>(Extensive metastases to</b> DUE TO (c) <b>Viscera including Liver</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>151X</b>			INTERVAL BETWEEN ONSET AND DEATH
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 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 <b>March 30th, '58</b> to <b>April 19th, '58</b> and last saw her alive on <b>April 19th, '58</b> Death occurred at <b>6:30 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Arthur M. Estes M.D.</b> (Degree of title)		22b. ADDRESS <b>714 Broadway, Cape Girardeau, Mo.</b>	
22c. DATE SIGNED <b>4/22/58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>4-21-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>East Woodlawn Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Hayti, Mo.</b>		24. FUNERAL DIRECTOR ADDRESS <b>Osburn Funeral Home, Hayti, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>April 26, 1958</b>		26. REGISTRAR'S SIGNATURE <b>Mr. Homer E. Cooper</b>	

(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.

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 *Virgil W. Welch* .....

Licensed Embalmer No. *4102* .....

P. O. Address *Cape Girardeau* .....

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.