

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016009  
STATE FILE NUMBER 1591

FILED MAY 8 1958

Registration District No. \_\_\_\_\_

318 Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

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-57  
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1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Baptist Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 16 Mo. Baptist Hosp.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 31 610 S. Olive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MR. RICHARD K KELLY			4. DATE OF DEATH Month Day Year April 27, 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 March 16, 1872		9. AGE (In years last birthday) 86 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) Minister (retired)		10b. KIND OF BUSINESS OR INDUSTRY Baptist		11. BIRTHPLACE (City and state or country) Audrain County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Richard Schakelford Kelly		13b. MOTHER'S MAIDEN NAME Elizabeth Speers	
14. NAME OF HUSBAND OR WIFE Bessie Kelly		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mr. John Kelly		Address 2056 Lafayette Ave.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary embolus</i> DUE TO (b) <i>possibly from hip fracture</i> DUE TO (c) <i>E904.7</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>45</i>	
INTERVAL BETWEEN ONSET AND DEATH <i>stat</i> <i>10 days</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Fell at Mo. Baptist Hospital</i>		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>4-17-58</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>St. Louis, Mo.</i>		20f. CITY, TOWN, OR LOCATION <i>St. Louis, Mo.</i>		COUNTY STATE <i>000</i>	
21. I attended the deceased from Death occurred at <i>April 14, 1958</i> to <i>Apr. 27, 1958</i> and last saw her alive on <i>Apr. 26, 1958</i> Death occurred at <i>11:24</i> A.M. on the date stated above; and to the best of my knowledge from the causes stated.		22a. SIGNATURE <i>Robert Smith M.D.</i> (Degree or title)		22b. ADDRESS <i>114 N. Taylor</i>	
22c. DATE SIGNED <i>Apr. 28, '58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>4-28-1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Elmwood Cemetery</i>		23d. LOCATION (City, town, or county) <i>Mexico, Missouri</i>		(State)	
24. FUNERAL DIRECTOR <i>Arnold Funeral Home</i>		ADDRESS <i>6175 Mexico, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>APR 28 '58</i>	
26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be reported. All diseases in Part I must be causally related.

1958 8 14 11

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 *Ruby Taylor* .....

Licensed Embalmer No. *3239* .....

P. O. Address *Mexico 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.