

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Star File No. 58-024500

FILED JUL 29 1958

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett, Mo</u>		c. CITY OR TOWN <u>Pierce City</u> 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) <u>7 days</u>		e. STREET ADDRESS (If rural, give location) <u>401 walnut</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Vincents Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>None</u> c. (Last) <u>Kelley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 9 1958</u>		
5. SEX <u>FM</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	
8. DATE OF BIRTH <u>8/14/1894</u>		9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) <u>Pierce City, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Adam Landoll</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Honeycamp</u>		14. NAME OF HUSBAND OR WIFE <u>Mike Kelley (deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If no, give way or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497 22 1276</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marcell Dooley Pierce City, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, of lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>163X</u>		20. AUTOPSY? <u>2</u> 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 May 16, 1958, to July 9, 1958, that I last saw the deceased alive on July 8, 1958, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>F. J. Edwards MD</u>		(Degree or title)		23b. ADDRESS <u>Monett, Mo 7-14-58</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/11/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Patricks</u>		24d. LOCATION (City, town, or county) (State) <u>Pierce City, Mo</u>	

DATE REC'D BY LOCAL REG. <u>7-15-58</u>		REGISTRAR'S SIGNATURE <u>Mrs P. N. Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Wessell Funeral Home Pierce City</u>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

0051

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 758-151

DATE REC. 7-28-58

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Gordon Bennett.....

Licensed Embalmer No. 4213

P. O. Address Mosuth, Mo.

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.