

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026061

STATE FILE NUMBER

FILED AUG 13 1958

Registration District No. 160

Primary Registration District No. 5592

Registrar's No. 108

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM		c. CITY OR TOWN FESTUS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFFERSON CO, HOSP.		d. STREET ADDRESS (If outside, give location) 428 SO. ADAMS	
3. NAME OF DECEASED (Type or print) First LOREN Middle EDWARD Last KELLEY		4. DATE OF DEATH Month 7 Day 13 Year 58	
5. SEX MALE	6. COLOR OR RACE 2 COLORED	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-11-58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (City and state or country) JEFFERSON COUNTY, MO.
13a. FATHER'S NAME ALBERT KELLEY		13b. MOTHER'S MAIDEN NAME ROSE TAYLOR	14. NAME OF HUSBAND OR WIFE NONE
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.	17. INFORMANT ALBERT KELLEY Address FESTUS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary edema. Pericarditis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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"/>
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 _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		
20e. CITY, TOWN, OR LOCATION COUNTY STATE	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 7/11/58 16:30 P to 7/13/58 and last saw her/him alive on 7/13/58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Barbara Belgov, MD		22b. ADDRESS Festus, Mo	22c. DATE SIGNED 7/28/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-15-58	23c. NAME OF CEMETERY OR CREMATORY MT ZION CEMETERY	23d. LOCATION (City, town, or county) (State) FESTUS, MO.
24. FUNERAL DIRECTOR GENTRY R. POLITTE ADDRESS CRYSTAL CITY, MO.		25. DATE RECD. BY LOCAL REG. 7-26-58	26. REGISTRAR'S SIGNATURE James A. Dwyer

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 4 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 *Anthony R. [Signature]*

Licensed Embalmer No. *3481*
P. O. Address *Crystal [Signature]*

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.