

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026593
STATE FILE NUMBER

FILED JUL 23 1958 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY RANDOLPH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY RANDOLPH					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOBERLY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN MOBERLY MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 501 1/2 W ROLLINS			Length of stay in 1b		d. STREET ADDRESS 501 1/2 W ROLLINS		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) JAMES O KELLY				4. DATE OF DEATH Month JULY Day 17 Year 1958					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 7/17/1958		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 0 Days 7 Min. 7 IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life (Green if retired))				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MOBERLY MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME GERRELETT KELLY				14. MOTHER'S MAIDEN NAME BESSIE BOHANNAN MOBERLY MO					
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. V		17. INFORMANT Address BESSIE KELLY MOBERLY 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) acute circulatory failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) congenital heart defect DUE TO (c) 7545 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								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 _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)						
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from 3:00 to 7-17-58 and last saw ^{her} him alive on 7-17-58 Death occurred at 3:00 m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Deceased or title) <i>[Signature]</i>				22b. ADDRESS 109 N 5th, Moberly		22c. DATE SIGNED 7-18-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7/18/58		23c. NAME OF CEMETERY OR CREMATORY OAKLAND		23d. LOCATION (City, town, or county) MOBERLY MO		(State)	
24. FUNERAL DIRECTOR ADDRESS MAHAN-FUNERAL SERVICE MOBERLY MO				25. DATE RECD. BY LOCAL REG. 7-18-58		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Services 883 300 1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *John A. Green*.....

Licensed Embalmer No. 38

P. O. Address *920 1/2*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.