

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033320
STATE FILE NUMBER

8
FILED SEP 29 1958

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 116

5. 300
1-57
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1. PLACE OF DEATH a. COUNTY <i>Johnson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Warrensburg,</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Leeton, Missouri.</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Pleasant View Nursing Home, 5 months</i>		d. STREET ADDRESS (If outside, give location) <i>Leeton, Mo.</i>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <i>CALLIE KELLY</i>			4. DATE OF DEATH Month Day Year <i>September 23rd, 1958</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 13, 1878</i>
9. AGE (In years last birthday) <i>80</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife,</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (City and state or country) <i>Washington, County, Kansas</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Uriah Pontius,</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Holding,</i>	14. NAME OF HUSBAND OR WIFE <i>Joseph D. Kelly,</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT Address <i>Miss Nellie Kelly, Independence, Missouri</i>
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>Acute Cardiac failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Broncho pneumonia</i>			<i>1 week</i>
DUE TO (c) <i>Fracture hip</i>			<i>3 weeks</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Generalized arteriosclerosis</i>			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 Month, Day, Year o.m. p.m.		<i>051</i>	
20d. INJURY OCCURRED WHILE AT <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 <i>April, 1958</i> , to <i>9-23-58</i> and last saw her ^{him} alive on <i>9-23-58</i> Death occurred at <i>3:30 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>R. Lee Cooper M.D.</i>		22b. ADDRESS <i>Warrensburg, Missouri.</i>	22c. DATE SIGNED <i>9-24-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>9-25-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mineral Creek Cemetery,</i>	23d. LOCATION (City, town, or county) (State) <i>Leeton, Missouri.</i>
24. FUNERAL DIRECTOR ADDRESS <i>R.A. Brauninger, Warrensburg, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Sept. 25, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Savannah Crutchfield</i>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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OCT 2 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 xxx....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed J. P. B. Brundage.....

Licensed Embalmer No. 3377.....

P. O. Address Warrenton, Or.....

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.