

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033834

STATE FILE NUMBER

FILED OCT 14 1958

Registration District No. 294

Primary Registration District No. 3052

Registrar's No. 205

Health, Welfare Public Service

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

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		c. CITY OR TOWN Moberly	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kelly Hotel		d. STREET ADDRESS Kelly Hotel	
3. NAME OF DECEASED (Type or print) First MARY Middle GERTRUDE Last KELLY		4. DATE OF DEATH Month SEPT. Day 27 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan. 17, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Kelly Hotel	11. BIRTHPLACE (City and state or country) Moberly, Mo.
13. FATHER'S NAME John Q. Kelly		14. MOTHER'S MAIDEN NAME Lulu Flynn	
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. 486-38-6113	17. INFORMANT Address Mrs. C. D. Embree, Jr. Moberly
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerotic coronary thrombosis DUE TO (c) 4201			INTERVAL BETWEEN ONSET AND DEATH
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 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 8 Month A Day 27 Year 1958			
20d. INJURY OCCURRED WHILE AT WORK <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 May 14, 1958 to Sept 27, 1958 and last saw ^{her} him alive on June 26 58 Death occurred at 8 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Clarence Clarks MD		22b. ADDRESS 317 Virginia Moberly Mo	22c. DATE SIGNED Sept 30 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 29, 1958	23c. NAME OF CEMETERY St. Mary's	23d. LOCATION (City, town, or county) (State) Moberly Mo.
24. FUNERAL DIRECTOR ADDRESS Mahan Funeral Service Moberly		25. DATE RECD. BY LOCAL REG. Sept 29-58	26. REGISTRAR'S SIGNATURE Leah H. Sawyer

(Licensed Embalmer's Statement on Reverse Side)

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. Hallen*.....

Licensed Embalmer No. *381*

P. O. Address *Moberly*

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.