

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035621

STATE FILE NUMBER

71650-28
FILED OCT 17 1958
Registration District No. 43 Primary Registration District No. _____ Registrar's No. 894

300
1-59
Doctor cause not Stillborn - lived few minutes.

USE ONLY BLACK INK OR RIBBON TYPE IF POSSIBLE

| | | | |
|--|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE _____ b. COUNTY _____ | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Poplar Bluff Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp. | | Length of stay in 1b 012 1/2 | d. STREET ADDRESS (If outside, give location) 0 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Infant (Stillborn) Kelly | | | 4. DATE OF DEATH Month Day Year Sept. 26, 1958 |
| 5. SEX ♂ | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 11a. BIRTHPLACE (City and state or country) Poplar Bluff, Mo. 0 | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Vinis Kelly | | 13b. MOTHER'S MAIDEN NAME Francis Kelly | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Vinis Kelly Gideon, Mo. Rt. 1 | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown | | | 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) _____ | | | 7955 |
| 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 Month, Day, Year a.m. p.m. | | | |
| 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.) | |
| 21. I attended the deceased from 9-26-58 to 9-26-58 and last saw her alive on _____ Death occurred at 12:17 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 22a. SIGNATURE Frank W. Danell no. 0 (Degree or title) | | 22b. ADDRESS | |
| 22c. DATE SIGNED | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 9/26/58 | 23c. NAME OF CEMETERY OR CREMATORY Stanfill | 23d. LOCATION (City, town, or county) (State) Clarkton, Mo. |
| 24. FUNERAL DIRECTOR McDaniel Funeral Service, Kennett ADDRESS Mo. | | 25. DATE RECD. BY LOCAL REG. 10/11/58 | 26. REGISTRAR'S SIGNATURE [Signature] |

RECEIVED

OCT 21 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Hubert B. Baird

Licensed Embalmer No. 4888

P. O. Address Ferris, 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.