

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000167  
STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 032 Primary Registration District No. Registrar's No. 11

300 4  
1-57

1. PLACE OF DEATH a. COUNTY <i>Bollinger</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MISSOURI</i> b. COUNTY <i>WAYNE</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Lutesville</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Piedmont</i> " " " "
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Dona Nursing Home</i>		Length of stay in 1b <i>18 Months</i>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>EMMA Jean Kelly</i>			4. DATE OF DEATH Month Day Year <i>1-12-59</i>		
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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>Sept. 9, 1860</i>	9. AGE (In years last birthday) <i>98</i>	IF UNDER 1 YEAR Months Days Hours Min. <i>4 3</i>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (City and state or country) <i>Seymour, IND</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Samuel George Shannon</i>	13b. MOTHER'S MAIDEN NAME <i>Ase Nath Gordon</i>	14. NAME OF HUSBAND OR WIFE <i>George Kelly, mo.</i>
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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 <i>Mattie Wayland</i>	Address <i>Piedmont, mo.</i>
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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 circulatory failure</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Coronary atherosclerosis</i>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cachexia and inanition 4001</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <i>9-3-57</i> to <i>1-11-59</i> and last saw <sup>her</sup> <sub>him</sub> alive on _____ Death occurred at <i>1-12-59</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>William J. Trutes, M.D.</i>	(Degree or title)	22b. ADDRESS <i>Lutesville</i>	22c. DATE SIGNED <i>1-16-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>1-14-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>MASONIC Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Piedmont, Mo.</i>
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24. FUNERAL DIRECTOR <i>NORMAN W. Gish</i>	ADDRESS <i>Piedmont, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>1-19-59</i>	26. REGISTRAR'S SIGNATURE <i>Mrs Buford Crader</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Marvin E. Bowles.....

Licensed Embalmer No. 426.....  
P. O. Address Bedmont.....

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.