Health, Welfare Public Service

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1-57

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002115
STATE FILE NUMBER

FILED JAN 28 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Hannibal — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Levering Hosp. — Length of stay in 1b: 1 Week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Audrain
c. CITY OR TOWN: Vandalia — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 409 E. State — Reside on Farm: Yes [ ] No [X]

0047 0

3. NAME OF DECEASED (Type or print): First: John Middle: Orville Last: Kelley

4. DATE OF DEATH: Month: Jan. Day: 6 Year: 1959

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10-6-02

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker

10b. KIND OF BUSINESS OR INDUSTRY: Bakery

11. BIRTHPLACE (City and state or country): Farber, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: William Kelley

13b. MOTHER'S MAIDEN NAME: Angie Brown

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: Mrs OttoBreeding Vandalia, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be issued. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Auricular fibrillation	12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	pulmonary embolism	24 hours
DUE TO (c)	Asthma	6 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 241X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 12-30-58, to 1-6-59 and last saw her/him alive on 1-6-59
Death occurred at 4:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. E. Sultzman M.D. (Degree or title) 0

22b. ADDRESS: 115 N. 5th St. Hannibal, Mo.

22c. DATE SIGNED: 1-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-8-59

23c. NAME OF CEMETERY OR CREMATORY: Vandalia Cemetary

23d. LOCATION (City, town, or county) (State): Vandalia, Missouri.

24. FUNERAL DIRECTOR William D. Waters **ADDRESS** Vandalia Mo

25. DATE RECD. BY LOCAL REG. 1-13-59

26. REGISTRAR'S SIGNATURE Dr. E. M. Luckie By W. Fisher

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 2 6 1959
MARION CO. HEALTH DEPT.
DATE FILED JAN 2 6 1959

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 William H. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia, Ill.

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.