

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006493

STATE FILE NUMBER

FILED MAR 9 1959

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 21

300  
-57-

1. PLACE OF DEATH a. COUNTY <b>Newton</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Neosho</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Neosho</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Length of stay in lb <b>45 Yrs</b>	d. STREET ADDRESS (If outside, give location) <b>511 So, Jefferson</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Lewis</b> Middle <b>P.</b> Last <b>Kelly</b>			4. DATE OF DEATH Month <b>Feb</b> Day <b>25</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb 5, 1876</b>	9. AGE (In years (at birthday)) <b>83</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Banker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Banking</b>	11. BIRTHPLACE (City and state or county) <b>Newton County</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>J.H. Kelly</b>		13b. MOTHER'S MAIDEN NAME <b>Frances E. Wilbur</b>		14. NAME OF HUSBAND OR WIFE <b>Lulu Kelly</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give the dates of service) <b>No</b> <b>None</b>		16. SOCIAL SECURITY NO. <b>500-09-1328</b>	17. INFORMANT <b>Lulu Kelly</b> Address <b>Neosho, Mo</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>unknown</b> DUE TO (c) <b>unknown</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
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.) <b>4201</b>		
20c. TIME OF INJURY Hour <b>4:20</b> Month <b>2-28</b> Day <b>1959</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Ozark Memorial Park</b>		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <b>Joplin, Missouri</b>		
21. I attended the deceased from <b>4:20 P.M.</b> and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>William C. Bowman M.D. Registrar</i>			22b. ADDRESS <b>Neosho, Missouri</b>		22c. DATE SIGNED <b>2-26-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-28-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>
24. FUNERAL DIRECTOR <b>Clark Funeral Home</b>			25. DATE RECD. BY LOCAL REG. <b>2-26-59</b>		26. REGISTRAR'S SIGNATURE <i>William C. Bowman M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATE OF MARYLAND  
DEPARTMENT OF HEALTH  
DIVISION OF LICENSING  
EMBALMERS  
1989

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 Frederick L. Clark

Licensed Embalmer No. 5056  
P. O. Address 312 S. Wood  
Neosho, 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.