

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010407
STATE FILE NUMBER

Registration District No. 374 Primary Registration District No. _____ Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>PELTIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PELTIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WAMONTE</u>		c. CITY OR TOWN <u>WAMONTE</u> <u>0800</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>10 YRS.</u>		<u>R.F.D. # 2</u>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <u>EDWARD BEATTY KELLEY</u>			4. DATE OF DEATH Month Day Year <u>3 - 28 - 1959</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-9-1891</u>		9. AGE (In years last birthday) <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>	11. BIRTHPLACE (City and state or country) <u>MT. STERLING KY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>THOMAS KELLEY</u>		13b. MOTHER'S MAIDEN NAME <u>ADDIE FRENCH</u>		14. NAME OF HUSBAND OR WIFE <u>CATHARINE CROSE KELLEY</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-42-9135</u>		17. INFORMANT Address <u>Mrs CATHARINE KELLEY - WAMONTE MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary insufficiency</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from May 1954 to 3/28/59 and last saw ^{her} alive on 3-26-59
Death occurred at 132 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>J. R. Boyer M.D.</u>		22b. ADDRESS <u>Madalia Mo</u>		22c. DATE SIGNED <u>3/30/59</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3-30-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>WAMONTE CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>WAMONTE MO</u>	
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24. FUNERAL DIRECTOR ADDRESS <u>Paul M. Moore - La Monte Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-30-1959</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

300
1-57

APR 8 1957

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 *Paul M. Moore*

Licensed Embalmer No. *3923*

P. O. Address *La Monte MD*

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.