

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015228

STATE FILE NUMBER
2 3910

FILED MAY 6 1959

Registration District No. _____ Primary Registration District No. _____ Registration No. _____

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2004 S. Broadway		d. STREET ADDRESS (If outside, give location) 2004 S. Broadway	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES H. KELLEY			4. DATE OF DEATH Month Day Year 4 18 1959
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/11/1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper Hanger		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Springfield, Ill.
13a. FATHER'S NAME Issac Kelley		13b. MOTHER'S MAIDEN NAME Dolly Stubbs	14. NAME OF HUSBAND OR WIFE Grace E. Kelley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address Grace Kelley, 2004 S. Broadway
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>Uremia</i> Conditions, if any, which preceded or contributed to death (b) <i>Chronic Nephritis 592XF</i> DUE TO (c) <i>Chronic Nephritis 592XF</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Fracture of hip, Lung Hemorrhages, Jan 1958.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>10 years</i>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" 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.) <i>Broke rt hip (femur) and taken to Aleria</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. Dec 9, 1958 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, school, street, office bldg., etc.) <i>23 S. Home</i>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St. Louis Mo</i>	
21. I attended the deceased from <i>Aug 2, 1948</i> to <i>April 18, 1959</i> and last saw ^{her} _{him} alive on <i>April 18, 1959</i> Death occurred at <i>11A</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Leroy E. Ellison MD</i>		22b. ADDRESS <i>3610 50 Broadway St. Louis, Mo</i>	
22c. DATE SIGNED		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>4/21/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Buster Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Valle Mines, Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>McLAUGHLIN'S, 2301 Lafayette</i>		25. DATE RECD. BY LOCAL REG. <i>APR 20 59</i>	26. REGISTRAR'S SIGNATURE <i>Dr. Earl Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *James R. Chapman*

Licensed Embalmer No. *4550*

P. O. Address *St. Louis*

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.