

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016525  
STATE FILE NUMBER

FILED APR 28 1959 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 97

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1-57  
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1. PLACE OF DEATH - a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada</b>		c. CITY OR TOWN <b>Nevada</b> <b>1080</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Tate Nursing Hm.</b>		d. STREET ADDRESS <b>R.R. 1</b>	
Length of stay in lb <b>18 Mo.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>HARRIE D. Kelley</b>			4. DATE OF DEATH Month <b>April</b> Day <b>20</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 18 1888</b>	9. AGE (In years at birthday) <b>70</b>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attendant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Hospital</b>	11. BIRTHPLACE (City and state or country) <b>Marysville, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Dan N. Kelley</b>	13b. MOTHER'S MAIDEN NAME <b>Hettie Magill</b>	14. NAME OF HUSBAND OR WIFE <b>Blanche Kelley</b>
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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) <b>Yes W.W.I</b>	16. SOCIAL SECURITY NO. <b>510070565</b>	17. INFORMANT <b>Daniel Kelley</b>	Address <b>Trenton, Mo.</b>
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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) <b>Bronchial Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 <b>491X</b>	COUNTY	STATE
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21. I attended the deceased from <b>July 24, 1954</b> to <b>Apr. 19, 1959</b> and last saw <del>him</del> <sup>him</sup> live on <b>April 19, 1959</b> Death occurred at <b>Nevada, Mo.</b> <b>12:45 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>L. P. McCann</i> <b>L. P. McCann, M.D.</b>	(Degree or title)	22b. ADDRESS <b>Noore Building, Nevada, Mo.</b>	22c. DATE SIGNED <b>4/21/1959</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>22 April</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>	23d. LOCATION (City, town, or county) <b>Nevada, Missouri</b>	(State)
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24. FUNERAL DIRECTOR <b>Richard L. Shorten</b>	ADDRESS <b>Nevada, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>4-23-1959</b>	26. REGISTRAR'S SIGNATURE <i>Orma E. Ferry</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be treated. All diseases in Part I must be causally related.

MAY 5 1918

### 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 *Lloyd C. McLeod* .....

Licensed Embalmer No. *4853* .....

P. O. Address *Florida, 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.**