URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 29 1959

59-033961

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8487

ENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. Louis

Length of stay in 1b: 10 weeks

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Frisco Employees Hosp

Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Pemiscot
c. CITY OR TOWN: Hayti
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 311 N. 1 St
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: VERNON Middle: R. Last: Kelley

4. DATE OF DEATH: Month: Sept. Day: 12 Year: 1959

5. SEX: M

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7-28-1894

9. AGE (last birthday): 65

IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HR: Hours ____ Min. ____

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

10b. KIND OF BUSINESS OR INDUSTRY: Frisco R.R.

11. BIRTHPLACE (City and state or country): Willow Springs, Mo.

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

13a. FATHER'S NAME: Joseph Kelley

13b. MOTHER'S MAIDEN NAME: Randall, Josephine

14. NAME OF HUSBAND OR WIFE: Florence Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 702-03-6830

17. INFORMANT: Florence Kelley, Hayti, Mo. Address: 311 N. 1st

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease
INTERVAL BETWEEN ONSET AND DEATH: 3-4 months
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)
Cerebral Thrombosis; diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 June 22, 1959, to Sept. 12, 1959 and last saw her/him alive on Sept. 12, 1959

Death occurred at 5:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Hugh C. Crowell (Degree or title) M.D.

22b. ADDRESS: 4960 Audrade

22c. DATE SIGNED: 9/12/59

BY AFFIDAVIT OF

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

23b. DATE: 9-13-1959

23c. NAME OF CEMETERY OR CREMATORY: East Woodlawn Cemet.

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

24. FUNERAL DIRECTOR ADDRESS: John L. German, Hayti, Missouri

25. DATE RECD. BY LOCAL REG.: SEP 15 '59

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4375

P.O. Address St. Louis, 23, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.