

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003038

FILED VS. FEB 9 1960

Registration District No. 366

Primary Registration District No. 3059

Registrar's No. 46

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Francois</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bonne Terre</b>	Length of stay in lb <b>9 1/2 weeks</b>	c. CITY OR TOWN <b>Rivermines</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>Bonne Terre Hosp.</b>		d. STREET ADDRESS (If outside, give location)	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or print) First <b>JOHN</b> Middle <b>L.</b> Last <b>KELLY</b>	<b>4. DATE OF DEATH</b> Month <b>Feb-</b> Day <b>3,</b> Year <b>1960</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>3/5/1883</b>	<b>9. AGE (last birthday)</b> <b>76</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>28</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Electric Welder</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>St. Joe Lead</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Iron County, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Lawrence Kelly</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Adeline Parker</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Ella McDaniel Kelly</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>493-03-8661</b>	<b>17. INFORMANT</b> Address <b>Mrs. Ella Kelly Rivermines, Mo.</b>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arterio sclerosis</b> DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour <b>4</b> Month, Day, Year a.m. p.m.	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
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<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>
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**21. I attended the deceased from** Oct 15-1958 to Feb 3-60 and last saw him alive on Feb 3-60  
 Death occurred at 8:24 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <i>Chapman M.D.</i>	<b>22b. ADDRESS</b> <b>Rivermines, Missouri</b>	<b>22c. DATE SIGNED</b> <b>2/5/60</b>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>23b. DATE</b> <b>Feb-6, 1960</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Parkview Cemetery</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>Farmington, Mo.</b>
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<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Murphy L. Sparks Flat River, Mo.</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>Feb 5, 1960</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Esther Rudloff</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. 585 working under my personal supervision.

Student Richard A. Leaver  
Signature of Student Embalmer

Signed Murphy L. [Signature]

Licensed Embalmer No. 4256

P. O. Address [Signature]

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