

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035229

FILED VS OCT 7 1960

157

Primary Registration District No. 3028

Registrar's No. 197

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jasper</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carthage</b>		Length of stay in 1b <b>12 yrs.</b>	c. CITY OR TOWN <b>Carthage</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>514 Poplar</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>514 Poplar</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Frances Ruth Kelly</b>			4. DATE OF DEATH Month Day Year <b>Sept. 27, 1960</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-24-99</b>	9. AGE (last birthday) <b>61</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>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>Carthage, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Alvin G. Laingor</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Embree</b>		14. NAME OF HUSBAND OR WIFE <b>Charles M. Kelly</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Mrs. E.G. Wilber-Carthage, Mo.</b>	
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>GUNSHOT WOUND HEAD WITH BRAIN DAMAGE</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Instant aneus.</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>Has been under psychiatric care</b>					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Placed muzzle of husband's 38 caliber</b>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	<b>pistol to temporal area and apparently pulled trigger causing thru and thru wound of skull</b>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Carthage</b>		COUNTY <b>Jasper</b>	STATE <b>Mo.</b>
21. I attended the deceased from <b>Did not attend.</b> and last saw her <b>him</b> alive on <b>6:30A</b> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at _____					
22a. SIGNATURE (Degree or title) <b>M.D. &amp; Coroner Jasper Co.</b>			22b. ADDRESS <b>Joplin, Missouri</b>		22c. DATE SIGNED <b>9-30-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-30-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Carthage, Missouri</b>	
24. FUNERAL DIRECTOR <b>Ulmer Funeral Home-Carthage, Mo.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>Sept 30, 1960</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>

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 Melvin Harrett, Student Embalmer No. 605  
working under my personal supervision.

Student Melvin Harrett  
Signature of Student Embalmer

Signed Edwin Elmer

Licensed Embalmer No. 4955

P. O. Address Exchange

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.