t. Health,
& Welfare
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securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED VS NOV 1 8 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-042914
STATE FILE NUMBER

Registration District No. 240 Primary Registration District No. 5827 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lewis Twsp. — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: House 64 N. Lilbourn — Length of stay in 1b: 40

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: New Madrid
c. CITY OR TOWN: N. Lilbourn — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): Same — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Charles Middle: Howard Last: Kelley

4. DATE OF DEATH Month Day Year: Nov. 1 1960

5. SEX: Male

6. COLOR OR RACE: Colored

7. MARRIED ☐ **NEVER MARRIED** X **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 7-3-1960

9. AGE (In years last birthday): IF UNDER 1 YEAR: Months 3, Days 28; IF UNDER 24 HRS.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): N. Lilbourn, Missouri

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

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Annie Lee 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.: None

17. INFORMANT Address: Annie Lee Kelley, Lilbourn, Mo.

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): Strangulation — INTERVAL BETWEEN ONSET AND DEATH: 3 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Spasmodic Croup — 2 days
DUE TO (c): 474X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

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 10-31-60 to 11-1-60 and last saw her/him alive on 11-1-60
Death occurred at 2:30 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. O. Cameron M. D.

22b. ADDRESS: Lilbourn, Mo

22c. DATE SIGNED: 11-1-60

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

23b. DATE: 11-1-60

23c. NAME OF CEMETERY OR CREMATORY: Simmons Burial Park

23d. LOCATION (City, town, or county) (State): Near Catron, Mo.

24. FUNERAL DIRECTOR ADDRESS: Friends- Lilbourn, Mo.

25. DATE RECD. BY LOCAL REG.: 11-1-1960

26. REGISTRAR'S SIGNATURE: H. L. Bonder Deputy

(Licensed Embalmer's Statement on Reverse Side)

4-0

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student ..... Not Embalmed ..... Signed Harold H. Ponche .....

Signature of Student Embalmer

Licensed Embalmer No. 50 3.

P. O. Address Lillian, Ma

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