

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-018525**

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 126

STATE FILE NUMBER

AMENDED

**FILED JUN 4 1961**

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rolla</b>		Length of stay in 1b <b>6 days</b>	c. CITY OR TOWN <b>Fairview</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>Phelps Co. Memorial Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Box 28</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>THOMAS</b> Last <b>KELLY</b>			4. DATE OF DEATH Month <b>June</b> Day <b>6</b> Year <b>1961</b>			
5. SEX <b>Male</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>3/16/1909</b>	9. AGE (last birthday) <b>52</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>Construction Representative</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>US Corps of Engr.</b>	11. BIRTHPLACE (City and state or country) <b>Courtland, Arizona</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>		

13a. FATHER'S NAME <b>Geb. H. Kelly</b>	13b. MOTHER'S MAIDEN NAME <b>Annie Patterson</b>	14. NAME OF HUSBAND OR WIFE <b>Irene Kelly</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>no</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Greene Kelly Box 28, Fairview, Mo.</b>	Address
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>Cirrhosis of liver</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Idiopathic Hemochromatosis</b>			<b>1 yr</b>
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <b>Riskier malignancy</b>		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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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT 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>Rolla</b>	COUNTY <b>Newton</b>	STATE <b>Mo.</b>
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21. I attended the deceased from **April 27, 1961** to **June 6, 1961** and last saw him alive on **June 6, 1961**  
Death occurred at **10:30 A** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Robert B. Young</b> (Degree or title)	22b. ADDRESS <b>Rolla, Mo</b>	22c. DATE SIGNED <b>6 June 1961</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6/6/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>unknown</b>	23d. LOCATION (City, town, or county) <b>Neosho, Mo.</b>
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24. FUNERAL DIRECTOR <b>Carl J. Glenn</b>	ADDRESS <b>West 10th. st., Rolla, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>June 6, 1961</b>	26. REGISTRAR'S SIGNATURE <b>Nadene L. Steel</b>
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ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JUN 15 1961

JUN 20 1961

JUL 12 1961

**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 Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, 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.