

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041782

AMENDED

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 37 STATE FILE NUMBER

FILED DEC 6 1961

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN East Prairie		Length of stay in 1b 30 years	c. CITY OR TOWN East Prairie Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 501 Cutliph St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 501 Cutliph Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Moy Middle Willard Last Kelley			4. DATE OF DEATH Month Nov. Day 24 Year 1961			
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-4-1897	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months 4 Days 20	IF UNDER 24 HR Hours 20 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill work & Farming	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Bloomfield, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Andrew Jackson Kelley	13b. MOTHER'S MAIDEN NAME Nancy Ellen Link	14. NAME OF HUSBAND OR WIFE Cloa Kelley
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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)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Cloa Kelley, East Prairie, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cor. Art. Occlusion		INTERVAL BETWEEN ONSET AND DEATH INST.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ART. SCLER. HEART DIS.	
	DUE TO (c)	

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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19. WAS AUTOPSY PERFORMED? YES <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year
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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 Bloomfield, Missouri
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21. I attended the deceased from July 1961 to Nov. 1961 and last saw him alive on Nov. 22. 61
Death occurred at November 24, 11 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carl G. Popp MD. (Degree or title)	22b. ADDRESS Sikeston, Mo	22c. DATE SIGNED 11.27.61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-26-1961	23c. NAME OF CEMETERY OR CREMATORY Walker Cemetery	23d. LOCATION (City, town, or county) (State) Bloomfield, Missouri
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24. FUNERAL DIRECTOR Travis Shelby, East Prairie, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12/26/61	26. REGISTRAR'S SIGNATURE Dave Fitzgibbons
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 Therese J. Shelby

Licensed Embalmer No. 4940

P. O. Address East Point

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.