

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035537

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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20730

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 119

STATE FILE NUMBER

FILED OCT 15 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Newton		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		Length of stay in 1b 6 Days		a. STATE Missouri b. COUNTY Newton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Newtonia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location)		e. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
First Middle Last / MELLA ELECTA KELLEY			Month Day Year October 11 1962			Female	
6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-17-1901		9. AGE (last birthday) 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Stella, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John VanSlyke			13b. MOTHER'S MAIDEN NAME Dorcas Clymer			14. NAME OF HUSBAND OR WIFE Robert H. Kelley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) No None				17. INFORMANT Address Robert H. Kelley, Newtonia, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CARCINOMATOSIS							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) ADENOCARCINOMA OVARY							1 YEAR
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	
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.)			
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		COUNTY STATE	
21. I attended the deceased from 1958 to 11 OCT 1962 and last saw her him alive on 11 OCT 1962 Death occurred at 7:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>[Signature]</i>			22b. ADDRESS NEOSHO Mo			22c. DATE SIGNED 12 OCT 62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-14-1962	23c. NAME OF CEMETERY OR CREMATORY Macedonia Cemetery		23d. LOCATION (City, town, or county) (State) Newton, County, Missouri		
24. FUNERAL DIRECTOR Thompson Funeral Home, Neosho, Mo.				25. DATE RECD. BY LOCAL REG. 10-12-62		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

OCT 16 1962

MAR 14 1963

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 *Jimmie C. Jobie*
Licensed Embalmer No. 5140

P. O. Address Neosho, Missouri

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.