

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045577

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 323 Primary Registration District No. 3074 Registrar's No. 264

FILED DEC 10 1962

VS 300
Rev. 4/59

11007
21007
3
4 0
5 1
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7 1
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94221
10
11
1286-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SIKESTON</u>		Length of stay in 1b <u>1 week</u>		c. CITY OR TOWN <u>SIKESTON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, hospital or institution) <u>HORRIS N. HOME</u> <u>509 RUTH ST.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>708 E. KATHLEEN</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES WILLIAM KELLEY</u>			4. DATE OF DEATH Month Day Year <u>NOV. 29, 1962</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAR. 14 1912</u>	9. AGE (last birthday) <u>50</u>	IF UNDER 1 YEAR Month <u>8</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MILL</u>		11. BIRTHPLACE (City and state or country) <u>BALLARD, Co. Ky.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. A. A.</u>		13a. FATHER'S NAME <u>JAMES O. KELLEY</u>		13b. MOTHER'S MAIDEN NAME <u>ELNORA THOMPSON</u>	
14. NAME OF HUSBAND OR WIFE <u>BELLE SHELBY</u>		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. INFORMANT <u>BELLE KELLEY - SIKESTON, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACV DISEASE</u>					INTERVAL BETWEEN ONSET AND DEATH
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)					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 <u>APRIL 23, 1958</u> to <u>NOVEMBER 29, 1962</u> and last saw her/him alive on <u>NOVEMBER 29, 1962</u> Death occurred at <u>11:00</u> P. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Alden P. Carpenter MD</u>			22b. ADDRESS <u>808 E. WAKEFIELD</u>		22c. DATE SIGNED <u>12-4-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>DEC. 2, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GARDEN OF MEMORIES</u>		23d. LOCATION (City, town, or county) (State) <u>SIKESTON, MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>ALBRITTON FUNERAL HOME</u> <u>SIKESTON, MO</u>			25. DATE RECD. BY LOCAL REG. <u>Dec 7-1962</u>		26. REGISTRAR'S SIGNATURE <u>Jeanette Waldman</u>

USE BLACK INK OR TYPEWRITER RIBBON

Bernie issued Nov 29 - 1962

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 Raymond L. Ruffie

Licensed Embalmer No. 4798

P. O. Address Bernie, 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.