

# MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045718

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

Registration District No. 174 Primary Registration District No. 5563 Registrar's No. 160

|                     |              |  |
|---------------------|--------------|--|
| VS 300<br>Rev. 4/59 | DATE AMENDED |  |
| 10470<br>2470       |              |  |
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| 12 90-0             |              |  |
| 13 1-0              |              |  |

|   |   |  |   |
|---|---|--|---|
| 1. <del>FILED</del> <b>DEC 18 1962</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  |   |
| a. COUNTY <b>Iron</b>   |   | a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Liberty Twp</b>  |   | c. CITY OR TOWN <b>Liberty Twp</b>   |   |
| Length of stay in 1b <b>34yrs</b>   |   | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>17 Mi. SE of Arcadia</b>                           |   | d. STREET ADDRESS (If outside, give location) <b>17 Mi SE of Arcadia</b>   |   |
| Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |  |   |
| 3. NAME OF DECEASED (Type or print) First Middle Last <b>CHARLES WILLIAM KELLEY</b>   |   | 4. DATE OF DEATH Month Day Year <b>December 3 1962</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>Apr 30 1907</b>   |
| 9. AGE (last birthday) <b>55</b>  |   | IF UNDER 1 YEAR Months Days  | IF UNDER 24 HR Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>                         |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>own Farm</b>  | 11. BIRTHPLACE (City and state or country) <b>Lesterville, Mo.</b>  |
| 12. CITIZEN OF WHAT COUNTRY <b>USA</b>  |   |  |   |
| 13a. FATHER'S NAME <b>Warren Kelley</b>   |   | 13b. MOTHER'S MAIDEN NAME <b>Nancy Jane Wadlow</b>   | 14. NAME OF HUSBAND OR WIFE <b>Mela Sutton Kelley</b>   |
| 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.  | 17. INFORMANT Address <b>Charles Kelley Jr. Annapolis, Mo.</b>  |
| 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) <b>malignancy of lung</b>   |   |  |   |
| 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 <b>5-26-62</b> to <b>12-3-62</b> and last saw <sup>her</sup> him alive on <b>10-23-62</b>        |   |  |   |
| Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.                      |   |  |   |
| 22a. SIGNATURE <b>RH Hline MD</b> (Degree or title)   |   | 22b. ADDRESS <b>Piedmont, Mo.</b>  | 22c. DATE SIGNED <b>12-11-62</b>  |
| 23b. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 23b. DATE <b>6 Dec 1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>Polk Cemetery</b>  | 23d. LOCATION (City, town, or county) (State) <b>Marble Creek, Missouri</b>   |
| 24. FUNERAL DIRECTOR <b>White Funeral Home</b> ADDRESS <b>Ironton, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG. <b>12-12-62</b>   | 26. REGISTRAR'S SIGNATURE <b>Mrs Avis Jones</b>   |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Proton, 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.