

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-010859  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 22 Primary Registration District No. 4134 Registrar's No. 79

FILED APR 12 1963

VS 300  
Rev. 4/59

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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 Clay  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville Length of stay in 1b 20 min.  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Community Hosp Inside Limits Yes  No   
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Platte  
c. CITY OR TOWN Camden Point Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 1/2 mi. N-1 mi. E of Camden Point Reside on Farm Yes  No   
3. NAME OF DECEASED (Type or print) First Maudie Middle Kardelia Last Kelley  
4. DATE OF DEATH Month April Day 5 Year 1963  
5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH April 12 1899 9. AGE (last birthday) 64  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home maker 11. BIRTHPLACE (City and state or country) Trimble, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.  
13a. FATHER'S NAME Frank Blakley 13b. MOTHER'S MAIDEN NAME Blanche Thomas 14. NAME OF HUSBAND OR WIFE Earl H. Kelley  
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Earl H. Kelley Address Camden Point, Mo.  
18. CAUSE OF DEATH (Enter only one cause of death)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION INTERVAL BETWEEN ONSET AND DEATH 1 hour  
Conditions, if any, which gave rise to above cause (e), 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.  
 Yes  No  Unknown  
19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION SMITHVILLE, CLAY, MISSOURI COUNTY \_\_\_\_\_ STATE \_\_\_\_\_  
21. I attended the deceased from 4-5-63 to 4-5-63 and last saw her/him alive on \_\_\_\_\_  
Death occurred at 2:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.  
22a. SIGNATURE [Signature] (Signature or title) 22b. ADDRESS SMITHVILLE, MISSOURI 22c. DATE SIGNED 4-5-63  
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE April 7, 1963 23c. NAME OF CEMETERY OR CREMATORY Camden Point Cemetery 23d. LOCATION (City, town, or county) (State) Camden Point Mo.  
24. FUNERAL DIRECTOR Clarence E. Hixson - Gower ADDRESS MO 25. DATE RECD. BY LOCAL REG. 4-6-63 26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

APR 25 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 Clarence E. Gibson

Licensed Embalmer No. 5122

P. O. Address Jawa, 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.