

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039090

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1894 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 31 1963

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HOWELL'	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b 3 DAYS	c. CITY OR TOWN WEST PLAINS Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) SILOAM SPRINGS ROUTE Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last BANJAMIN NEWTON KELLY			4. DATE OF DEATH Month Day Year OCTOBER 21, 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-3-87	9. AGE (last birthday) 76	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) PAINTER		10b. KIND OF BUSINESS OR INDUSTRY PAINTING	11. BIRTHPLACE (City and state or country) TRYONVILLE, PA.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME FREELING KELLY		13b. MOTHER'S MAIDEN NAME MAY SOUTHWORTH		14. NAME OF HUSBAND OR WIFE -----	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) YES WWI	16. SOCIAL SECURITY NO. -----	17. INFORMANT VA HOSPITAL RECORDS, POPLAR BLUFF, MO.	Address
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION		INTERVAL BETWEEN ONSET AND DEATH SUDDEN DEATH YEARS
DUE TO (b) ARTERIOSCLEROTIC CORONARY THROMBOSIS		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 checked="" 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	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
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21. I attended the deceased from 10-18-63 to 10-21-63 and last saw him alive on _____	Death occurred at 8:59 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>R.S. Cohen</i> (Degree or title) R.S. COHEN, M.D., Chief, Medical Service	22b. ADDRESS VA Hospital, Poplar Bluff, Mo.	22c. DATE SIGNED 10-23-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-23-63	23c. NAME OF CEMETERY OR CREMATORY Willow Springs	23d. LOCATION (City, town, or county) (State) Willow Springs, Mo.
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24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG. 10/29/1963	26. REGISTRAR'S SIGNATURE <i>Shelma Graham</i>
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VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	ITEM NO.	SHOULD READ
10128								
20465								
3								
4 0								
5 3								
6								
7 1								
8 2								
9 420.1								
10								
11								
12 5-0								
13 10								

USE BLACK INK OR TYPEWRITER RIBBON

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 Charles E. Mungle
Licensed Embalmer No. 4877

P. O. Address Poplar Bluff, 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.