

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-040704

STATE FILE NUMBER

Registration District No. 233 Primary Registration District No. 4348 Registrar's No. 73

FILED NOV 13 1963

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Montgomery</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wellsville</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>306 N 2nd</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u> c. CITY OR TOWN <u>Wellsville</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>306 N. 2nd</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>LUKE STEPHENS KELLY</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>Nov. 6, 1963</u>			
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input checked="" type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Mar. 26, 1893</u>	<b>9. AGE</b> (last birthday) <u>70</u>	<b>IF UNDER 1 YEAR</b> Months <u>7</u> Days <u>10</u>	<b>IF UNDER 24 HR</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>retired rail road</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>rail road</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Montgomery Co., Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>
<b>13a. FATHER'S NAME</b> <u>Patrick Kelly</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Annie Doyle</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mrs. Mary Miller, Wellsville, Mo</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW #1</u>			<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT</b> Address <u>Mrs. Mary Miller, Wellsville, Mo</u>	

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart disease with edema</u> 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) _____		INTERVAL BETWEEN ONSET AND DEATH <u>47 mo.</u>
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		

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____			
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>20f. CITY, TOWN, OR LOCATION</b> _____		<b>COUNTY</b> _____		<b>STATE</b> _____	
<b>21. I attended the deceased from</b> <u>12-5-59</u> to <u>11-6-63</u> and last saw him alive on <u>11-3-63</u> Death occurred at _____ A _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> (Degree or title) <u>[Signature]</u>			<b>22b. ADDRESS</b> <u>Wellsville, Mo</u>		<b>22c. DATE SIGNED</b> <u>11-6-63</u>
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>		<b>23b. DATE</b> <u>Nov. 9, 1963</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Wellsville</u>		<b>23d. LOCATION</b> (City, town, or county) <u>Wellsville, Mo</u> (State) _____
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Howard F. Myers, Wellsville, Mo</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>11-6-1963</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB  
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 USE BLACK INK OR TYPEWRITER RIBBON

NOV 15 1963

NOV 20 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 Howard J. Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, 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.