

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20264**

FILED JUN 30 1952

REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5502** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>HENRY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BEAR CREEK-TWP. 67-48</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MONTROSE 0420</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>RR #1</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>BRAMLEY</b> c. (Last) <b>KELLAND</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 24, 1952</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUG. 14, 1877</b>
9. AGE (In years last birthday) <b>74</b>		10. MONTHS <b>10</b>	11. DAYS <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>BROOKLYN NEW YORK</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOHN A. KELLAND</b>	
13b. MOTHER'S MAIDEN NAME <b>ELLEN GILLEN</b>		14. NAME OF HUSBAND OR WIFE <b>Livella Kelland</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. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Livella Kelland - Montrose, Mo</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Athero sclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>6-17, 1952</b> , to <b>6-23, 1952</b> , that I last saw the deceased alive on <b>6-23, 1952</b> , and that death occurred at <b>9 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W. E. Baggerly, M.D.</b>		23b. ADDRESS <b>Montrose Mo.</b>	
23c. DATE SIGNED <b>6-24-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE 26, 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>MONTROSE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>MONTROSE MO.</b>	
DATE REC'D BY LOCAL REG. <b>June-26-52</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>St. Vansant</b>		ADDRESS <b>Clinton, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed W. A. Varasant

Licensed Embalmer No. 3779

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.