

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26026**

FILED AUG 13 1951

BIRTH NO. _____ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **6277** Registrar's No. **29**

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

1. PLACE OF DEATH a. COUNTY SarahxLxKelley WRIGHT b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Boone Two) c. LENGTH OF STAY (in this place) 87 Yrs d. FULL NAME OF HOSPITAL OR INSTITUTION			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Wright c. CITY (If outside corporate limits, write RURAL and give township) Rural Boone 1140 d. STREET ADDRESS (If rural, give location) 10 Miles Northwest Hartville			
3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Ellen c. (Last) Kelley		4. DATE OF DEATH (Month) (Day) (Year) 7- 5 1951				
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 18-9-1863	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Days 6	IF UNDER 18 HRS. Hours 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Wright County, Mo		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME George Chambers		13b. MOTHER'S MAIDEN NAME Zelpha Lunsford		14. NAME OF HUSBAND OR WIFE John Kelley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Bill Kelley Hartville, Mo		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Chronic nephritis. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 6-20-51 Years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		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 <u>6-30</u>, 1951, to <u>7-5</u>, 1951, that I last saw the deceased alive on <u>7-5</u>, 1951, and that death occurred at <u>2:25</u> Am., from the causes and on the date stated above.						
23a. SIGNATURE <i>[Signature]</i> (Degree or title)			23b. ADDRESS Sarville Mo		23c. DATE SIGNED 7-6-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-8-1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		
24d. LOCATION (City, town, or county) (State) Wright County, Mo		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> 346				
DATE REC'D BY LOCAL REG. 8-8-51		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> Hartville Mo		

County File Number 851-81
Date Filed Aug. 11, 1951

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 Gene E. Halgren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.