

FILED MAR 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4795

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>23</u>					
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>							
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (in this place) <u>6 yrs</u>		c. CITY OR TOWN <u>West Plains</u> <u>0468</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Walnut St</u> <u>0</u>							
3. NAME OF DECEASED (Type or Print) <u>Ethel Dely M Kelvey</u>			a. (First) _____		b. (Middle) _____		c. (Last) _____				
4. DATE OF DEATH <u>1-23-52</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>3/12-1880</u>			
9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>11</u>		11. DAYS <u>10</u>		12. HOURS <u>11</u>		13. MIN. _____			
9a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>clerk</u>			9b. KIND OF BUSINESS OR INDUSTRY <u>Dry goods</u>			11. BIRTHPLACE (State or foreign country) <u>Anderson Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>J W Dely</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Laughlin</u>			14. NAME OF HUSBAND OR WIFE <u>Dred M Kelvey</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <u>Dred M Kelvey</u>			ADDRESS <u>West Plains</u>		
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) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4-6 hours</u>			
ANTECEDENT CAUSES 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.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? <u>4201</u> YES <input type="checkbox"/> NO <input 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) _____		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>8:19 P</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:00 P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Barney D. D. M.D. - Coroner</u> (Degree or title)				23b. ADDRESS <u>Howard Co West Plains, Mo.</u>				23c. DATE SIGNED <u>2/2/52</u>			
24a. BURIAL, CREMATION, REPOUL (Specify) <u>18</u>		24b. DATE <u>1/25-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		24d. LOCATION (City, town, or county) <u>West Plains</u>		(State) <u>Mo</u>			
DATE REC'D BY LOCAL REG. <u>3-7-52</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> <u>379-1</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson West Plains Mo</u> ADDRESS _____						

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 20 1957

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

J. A. Roberts

Licensed Embalmer No.

3432

P. O. Address

West Plains

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.