

FILED-OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34952

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 228

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	
c. LENGTH OF STAY (In this place) 10 days		d. STREET ADDRESS (If rural, give location) 607 Gilman, Moberly, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wabash Employes' Hospital			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) LEO		b. (Middle) WILLIAM	
c. (Last) KELLY		Oct. 14, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 23, 1891
9. AGE (In years last birthday) 63	10. UNDER 1 YEAR Months 0 Days 21	11. BIRTHPLACE (City and State or Foreign Country) Mo	12. CITIZEN OF WHAT COUNTRY? Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Night Dispatcher		10b. KIND OF BUSINESS OR INDUSTRY -Railroad	
13a. FATHER'S NAME Mike Kelly		13b. MOTHER'S MAIDEN NAME Elizabeth Doyle	
14. NAME OF HUSBAND OR WIFE Ruth Kelly			
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. 703-01-2348	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Kelly, Moberly, Mo.		ADDRESS Moberly, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Recurrent Cerebral Hemorrhage	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Immediate	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 330X	
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)		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 Oct. 5, 1954 , to Oct. 14, 1954 , that I last saw the deceased alive on Oct. 14, 1954 , and that death occurred at 11: A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Name, degree or title) Dwight W. Anderson, M.D.		23b. ADDRESS 415 Woodland Avenue	
23c. DATE SIGNED 10/14/54			
24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Burial		24b. DATE 10-16-54	
24c. NAME OF CEMETERY OR CREMATORY St Mary's		24d. LOCATION (City, town, or county) (State) Moberly, Mo.	
DATE REC'D BY LOCAL REG. 10/15/54		REGISTRAR'S SIGNATURE Leath...	
25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son, Moberly, Mo.		ADDRESS Moberly, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

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

OCT 26 1934

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 Frank D. Wettt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.