

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8080**

FILED MAR 25 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Boonville</b>		c. CITY OR TOWN <b>Lipton 0680</b>	
c. LENGTH OF STAY (In this place) <b>5 mths</b>		Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>12 Jackson St. 1</b>		No. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>LAURA</b>	b. (Middle) <b>A.</b>	c. (Last) <b>KELBY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 20, 1957</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>June 8, 1863</b>	9. AGE (In years last birthday) <b>93</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>12</b>	IF UNDER 1 HR. Hours <b>-</b> Min. <b>-</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lipton, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Douglas Miller</b>	13b. MOTHER'S MAIDEN NAME <b>Betty Shelcross</b>	14. NAME OF HUSBAND OR WIFE <b>Albert Kelby</b>
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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>491-36-6583</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Omega Crockett - Boonville, Mo.</b>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Failure with Decompensation</b>		
	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. <b>Arterial Hypertension</b>		?	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>443x</b>
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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? _____
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22. I hereby certify that I attended the deceased from **1-8-1957**, to **3-20-1957**, that I last saw the deceased alive on **3-18-1957**, and that death occurred at **7:40 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>TC Beckett md</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Boonville Mo</b>	23c. DATE SIGNED <b>3-21-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>March 23-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Prairie Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lipton, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3/23/57</b>	REGISTRAR'S SIGNATURE <b>W. Hooper</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard D. Conn - Lipton, Mo.</b>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

381-0

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, *Richard D. Conn*

Licensed Embalmer No. *470*

P. O. Address *Jupiter, Fla.*

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.