

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8717

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>97</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>25 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1124 So. Pearl</u>				d. STREET ADDRESS (If rural, give location) <u>1124 So. Pearl</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle) <u>ANDREW</u>		c. (Last) <u>KELLEY</u>	
4. DATE OF DEATH <u>March 13, 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 8, 1854</u>		9. AGE (in years last birthday) <u>94</u>		10. MONTH <u>11</u> DAY <u>5</u>		11. BIRTHPLACE (State or foreign country) <u>Tunnell Hill, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Education</u>		11. BIRTHPLACE (State or foreign country) <u>Tunnell Hill, Illinois</u>	
13a. FATHER'S NAME <u>Lee A. Kelley</u>		13b. MOTHER'S MAIDEN NAME <u>Rhoda Webb</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Anne Kelley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Anne Kelley, Independence, Mo</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Colon</u> ANTECEDENT CAUSES Morbidity 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. <u>Obesity, Coronary Arteriosclerosis, Atherosclerosis, Aneurysm, fibrillation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9/8</u> , 19 <u>48</u> , to <u>9/13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9/13</u> , 19 <u>49</u> , and that death occurred at <u>5:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. F. Grabske, M.D.</u>		23b. ADDRESS <u>CHAS. F. GRABSKE, M.D. Independence Mo. 1st Nat'l Bank Bldg.</u>		23c. DATE SIGNED <u>3/14/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/15/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 15-1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Roland R. Speaks, Independence, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

12345
MAY 1 1949

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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3604

P. O. Address Independence, Missouri

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.