

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18664

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 685

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Worth</u>	
b. CITY OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (In this place) <u>14 days</u>	c. CITY OR TOWN <u>Allendale</u> <u>113</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Methodist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Walter</u>	c. (Last) <u>Kelim</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 20 1949</u>
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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>3-24-1892</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>day laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>general labor</u>	11. BIRTHPLACE (State or foreign country) <u>Grant City Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Kelim</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie Spencer</u>	14. NAME OF HUSBAND OR WIFE <u>Eliza Kelim</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eliza Kelim</u>	ADDRESS <u>Allendale, Mo.</u>
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18. CAUSE OF DEATH (Specify only one cause for line for (a), (b) and (c) <i>This does not mean the mode of dying, such as heart failure, anemia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of head of pancreas</u>		<u>6 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>general arteriosclerosis.</u>		<u>5 year.</u>
DUE TO (c) _____		157X	
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? 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)
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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 6-1, 1949, to 6-20, 1949, that I last saw the deceased alive on 6-19, 1949, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. J. Ingram M.D.</u>	(Degree or title)	23b. ADDRESS <u>420 N. 8th A. Joseph Mo.</u>	23c. DATE SIGNED <u>6-20-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-22-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fletcher Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Grant City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 22, 1949</u>	REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Dunfee</u>	ADDRESS <u>Grant City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 28 1948
AUG 2 1948

SEP 1 1948

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 self

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Arch C Dunfee

Licensed Embalmer No. 3252

P. O. Address Hunt city 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri }
County of Worth } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 18664

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 22 day of June, 1949, before me appears
Arch C. Dunfee, who, upon his oath, states that the original record of ^{birth} death
for William Walter Kelim, ^{born} died 6-20, 1949, in the State of
Missouri, and which was filed at St. Joseph, Mo on 6-22, 1949, should be corrected as follows;

Item No. 15 should read yes; from April 22, 1909 to January 10,
Instead of no

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Arch C. Dunfee ^{General Director}
Relationship.

Present Address.

Subscribed and sworn to before me this 23rd day of June, 1949.

My Commission expires May 10-1950 Charles L. Motzinger Notary Public.

