

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23759  
Registrar's No. 283

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5368</u>		Registrar's No. <u>283</u>			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sugar Creek, Mo</b>		c. LENGTH OF STAY (In this place) <b>45 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sugar Creek</b>		<u>0451</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>11336 Park</b>				d. STREET ADDRESS (If rural, give location) <b>11336 Park</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>WILLIAM</b> c. (Last) <b>KELLY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 14, 1950</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 27, 1886</b>			
9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Process Foreman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Standard Oil.</b>		11. BIRTHPLACE (State or foreign country) <b>Independence, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>John W. Kelly</b>			13b. MOTHER'S MAIDEN NAME <b>Emma M. Weitzel</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs. Gladys Kelly</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>486-03-0673</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Gladys Kelly</b>			ADDRESS <b>Sugar Creek</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</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. <u>None</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
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) _____ m.		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 _____, 19 <u>46</u> to <u>July 14, 1950</u> , that I last saw the deceased alive on <u>July 14, 1950</u> , and that death occurred at <u>11:45 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. G. Olabab</u> M.D. (Degree or title)				23b. ADDRESS <u>1210 Ash, Independence, Mo</u>		23c. DATE SIGNED <u>July 15, '50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 17, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Marys</b>		24d. LOCATION (City, town, or county) (State) <b>Independence, Mo</b>			
DATE REC'D BY LOCAL REG. <u>July 16, 1950</u>		REGISTRAR'S SIGNATURE <u>Alvin K. ...</u>		354 25. FUNERAL DIRECTOR'S SIGNATURE <u>Art &amp; Mitchell</u>		ADDRESS <b>Indep, Mo.</b>			

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

0481

JUL 24 RECD

NOV 9 1961

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Henry S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.