No. 300
10-48

FILED NOV 4 1950

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

33601

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4440

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

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood 4003
d. STREET ADDRESS (If rural, give location): [illegible]

**3. NAME OF DECEASED** (Type or Print)
a. (First): SAMUEL
b. (Middle): WILLIS
c. (Last): McKelvey

**4. DATE OF DEATH** (Month) (Day) (Year): Oct. 20, 1950

**5. SEX**: male 0
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed 2
**8. DATE OF BIRTH**: April 30, 1869
**9. AGE** (In years last birthday): 81 — 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): Minister
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Illinois 1
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Samuel W. McKelvey
**13b. MOTHER'S MAIDEN NAME**: Nancy Theresa McGuire
**14. NAME OF HUSBAND OR WIFE**: Bessie Liggett McKelvey

**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.**: No
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: S. Warren McKelvey, 723 W. 46th St., K.C., 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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Arteriosclerosis.
DUE TO (c) Age & Hypertension

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 332

**19a. DATE OF OPERATION**: No
**19b. MAJOR FINDINGS OF OPERATION**: No
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE-HOMICIDE** (Specify): No
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.):
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): No

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): No m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: No

22. *I hereby certify that I attended the deceased from* 8-28, 1950 *to* 10-20, 1950, *that I last saw the deceased alive on* 10-19, 1950, *and that death occurred at* 2:55 a. *m., from the causes and on the date stated above.*

**23a. SIGNATURE** W. A. Myers (Degree or title): W. A. Myers MD; M. D 0
**23b. ADDRESS**: 1115 Grand ave.
**23c. DATE SIGNED**: 10/20/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 10/22/50
**24c. NAME OF CEMETERY OR CREMATORY**: —
**24d. LOCATION** (City, town, or county) (State): Sparta, Illinois

**DATE REC'D BY LOCAL REG.**: 10-21-50
**REGISTRAR'S SIGNATURE**: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: STINE & McCLURE, Kansas City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. A. Myers
Sherbrook Bldg 1121 Grand
Cic 3925

## 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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Max E. Meyer

Signed.....
Student Embalmer

Licensed Embalmer No. 14555

P. O. Address Kansas 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.