

FILED MAY 21 1951

THE DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

156991

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 526

1. PLACE OF DEATH  
a. COUNTY Buchanan  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph  
c. LENGTH OF STAY (in this place) 10 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Buchanan  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117  
d. STREET ADDRESS (If rural, give location) 1024 No 10th St. 0

3. NAME OF DECEASED (Type or Print)  
a. (First) Marie b. (Middle) B c. (Last) Kelly  
4. DATE OF DEATH (Month) April (Day) 13 (Year) 1951

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Nov. 23, 1871 9. AGE (In years last birthday) 79 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (State or foreign country) St. Joseph, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Patrick Farrell 13b. MOTHER'S MAIDEN NAME Mary Ann Lonergan 14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Frank Farrell ADDRESS Denver, Colorado

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 3/9/57  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) arteriosclerotic  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Amelity

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 331x 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) \_\_\_\_\_ 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 4/11, 1951, to 4/13, 1951, that I last saw the deceased alive on 4/12, 1951, and that death occurred at 11:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank Lonergan M.D. 23b. ADDRESS 620 Thoreau St. 23c. DATE SIGNED 5/15/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE April 17, 1951 24c. NAME OF CEMETERY OR CREMATORY Mount Olivet 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. May 16, 1951 REGISTRAR'S SIGNATURE Carl C. Casto 25. FUNERAL DIRECTOR'S SIGNATURE Barry Funeral Home ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....  
Student Embalmer

Signed Victor Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.