

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21975

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>5043</u>		Registrar's No. <u>48</u>		
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give town) Seligman		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3768		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 5435 Woodland				
3. NAME OF DECEASED (Type or Print) a. (First) Geddes		b. (Middle) G		c. (Last) Kelly		4. DATE OF DEATH (Month) (Day) (Year) July-10-1951		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3-15-1886		
9. AGE (In years last birthday) 65		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) repair-Salesman			10b. KIND OF BUSINESS OR INDUSTRY Econ-O-Seal		11. BIRTHPLACE (State or foreign country) Burnt Cabins, Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Van Kelly			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Willie Kelly		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 490-09-012		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. D. R. Trimmer-K.C. Missouri				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apparently Coronary Thrombosis ANTECEDENT CAUSES He had received Doctors treatment Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) for the past two years for heart trouble DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		4201		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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____, to _____, 19____, that I last saw the deceased Dead on July 10, 1951 , and that death occurred at 5 P. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Paul D. Hembert 3				23b. ADDRESS Cassville, Mo		23c. DATE SIGNED 7-12-1951		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-15-1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. July 12-1951		REGISTRAR'S SIGNATURE Grace Williams		10		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. E. Culver - Cassville		

(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED

JUL 16 1951

Dist. File

221-1320

Date Filed

2-18-51

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.

Student

Student Embalmer

Signed J. E. Cuelver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.