S. No. 300
v. 10.48

FILED DEC 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36420

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1207

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

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (in this place) 26 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 707 South 5th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph 0117
d. STREET ADDRESS (If rural, give location) 707 South 5th Street

3. NAME OF DECEASED (Type or Print)
a. (First) Julia
b. (Middle) Butler
c. (Last) Kelley

4. DATE OF DEATH (Month) 11 (Day) 25 (Year) 1951

5. SEX Female 3
6. ~~COLOR OR~~ RACE Negro
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify) Married 1
8. DATE OF BIRTH 2 7 1894
9. AGE (In years last birthday) 57 — 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 Own Home
11. BIRTHPLACE (State or foreign country) Linneus - Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jim Butler
13b. MOTHER'S MAIDEN NAME Cordelia Shelby
14. NAME OF HUSBAND OR WIFE Calvin Kelley

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 Calvin Kelley - 707 So. 5th Street ADDRESS

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) Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage Paralysis Right side body from 1949
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: 4 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 352X
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) m.
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* Jan/49, 19__, *to* Nov 25, 1951, *that I last saw the deceased alive on* 11-23, 1951, *and that death occurred at* 2:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE J. G. Thompson MD (Degree or title)
23b. ADDRESS 902 Edmond St Joseph Mo
23c. DATE SIGNED Nov 28/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial D
24b. DATE 11 28 1951
24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
24d. LOCATION (City, town, or county) St. Joseph - (State) Mo.

DATE REC'D BY LOCAL REG. Nov. 29, 1951
REGISTRAR'S SIGNATURE Carl C. Castle 446
25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Alexander ADDRESS St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Wm. H. Alexander

Signed _____
Student Embalmer

Licensed Embalmer No. 4450

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.