No. 300
10-48

FILED SEP 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28170

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3801

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY, MO
c. LENGTH OF STAY (in this place) 9 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) The Children's Mercy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY JACKSON 3157
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY, MO
d. STREET ADDRESS (If rural, give location) 1221 Admiral

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3. NAME OF DECEASED (Type or Print)
a. (First) LINDA
b. (Middle) LOU
c. (Last) McKELVEY

4. DATE OF DEATH (Month) 8 (Day) 26 (Year) 52

5. SEX Fe
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child
8. DATE OF BIRTH 2-7-50
9. AGE (In years last birthday) 2 — IF UNDER 1 YEAR Months ~~8~~ Days ~~9~~ — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) Lebanon, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Russell McKelvey
13b. MOTHER'S MAIDEN NAME Bessie Perry
14. NAME OF HUSBAND OR WIFE -

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 Russell McKelvey — ADDRESS 1221 Admiral

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) Traumatic rupture, superior saggital sinus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Linear fracture of Skull (Vertex)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Multiple small cortical hemorrhages (brain)
Ruptured Spleen

INTERVAL BETWEEN ONSET AND DEATH: E902.0 21

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home
21c. (CITY, TOWN, OR TOWNSHIP) K.C., Mo (COUNTY) Jackson (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-26-52 m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Fell from 2nd floor porch

22. *I hereby certify that I attended the deceased from* 8-26-52, *19*__, *to* 8-26, *19*52, *that I last saw the deceased alive on* 8-26, *19*52, *and that death occurred at* 11:35 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Geo. C. Kealhofer (Degree or title) Geo C Kealhofer M.D. Deputy Coroner 3
23b. ADDRESS 4050 Broadway K.C. Mo
23c. DATE SIGNED 8-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 8-26-52
24c. NAME OF CEMETERY OR CREMATORY Lebanon Mo, Cemetery
24d. LOCATION (City, town, or county) Lebanon (State) Mo

DATE REC'D BY LOCAL REG. 8-27-52
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary & Chapel, K. C. Mo. — ADDRESS

(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 Clayton H Barnes

Signed _____
Student Embalmer

Licensed Embalmer No. 4793

P. O. Address K. C., 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.