

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31704  
State File No. 4192

WIDDOCT 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>2849 East 7th Street</u>	
c. LENGTH OF STAY (In this place) <u>2 years</u>		d. STREET ADDRESS (If rural, give location) <u>Kansas City Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>MYRTLE</u>	b. (Middle) <u>LENORA</u>	c. (Last) <u>KELLEY</u>	(Month) <u>Sept.</u>	(Day) <u>24</u>	(Year) <u>1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 22, 1900</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Collinsville, Okla. /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>John Henry Gilliland</u>	13b. MOTHER'S MAIDEN NAME <u>Lula Espich</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. Raymond Kelley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Wm Raymond Kelley K.C.Mo.</u>

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		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphoblastoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION <u>6-6-52</u>	19b. MAJOR FINDINGS OF OPERATION: <u>Lymphoblastoma, cervical node</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20, 1952, to 9-24, 1952, that I last saw the deceased alive on 9-24, 1952, and that death occurred at 5:17 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Ira H. Lockwood</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>830 Argyle Building, K.C. Mo.</u>	23c. DATE SIGNED <u>9-25-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-27-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Robbins Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Coffeyville, Kansas</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. C. L. Forster F.H. K.C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-25-52</u>	REGISTRAR'S SIGNATURE <u>Heraldine Holman</u>	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*J. Dwight Hendrick*

Licensed Embalmer No. 3599

P. O. Address A. C. No.

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.