S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38762

FILED DEC 6 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4997

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST MARY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ARKANSAW
b. COUNTY: WASHINGTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINDALE
d. STREET ADDRESS (If rural, give location): 221 PLEASANT

8030

3. NAME OF DECEASED (Type or Print)
a. (First): CLAUDE
b. (Middle): DAYMOND
c. (Last): Kelley

4. DATE OF DEATH (Month) (Day) (Year): November 15 1952

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Aug 22 1897
9. AGE (In years last birthday): 55 — 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): TRUCK DRIVER
10b. KIND OF BUSINESS OR INDUSTRY: JONE TRUCK LINE 1330 W. 8 KC. Mo
11. BIRTHPLACE (City and State or Foreign Country): Springdale, Arkansaw
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Hardin Kelley
13b. MOTHER'S MAIDEN NAME: ANNA Dialfay Steinburg
14. NAME OF HUSBAND OR WIFE: Edna Mae Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. I.
16. SOCIAL SECURITY NO.: 430-03-2760
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Milton R. Lindley 10201 Sharon Lane Shawnee, Kan.

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) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized Arteriosclerosis — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 420

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* 11-15-, 1952, *to* 11-15, 1952, *that I last saw the deceased alive on* 11-15, 1952, *and that death occurred at* 6 p m., *from the causes and on the date stated above.*

23a. SIGNATURE James W. Downey (Degree or title): James W. Downey M.D.
23b. ADDRESS: Argyle Bldg - KC Mo
23c. DATE SIGNED: 11-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-15-52
24c. NAME OF CEMETERY OR CREMATORY: Springdale Cemetery
24d. LOCATION (City, town, or county) (State): Springdale, Arkansaw

DATE REC'D BY LOCAL REG.: 11-15-52
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: D.W. Newcomer's Sons Brush Creek Kansas City Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 8 1952

DEC 11 1982

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 Charles H Stickney

Licensed Embalmer No. 4560

P. O. Address KC, 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.