

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1756**

5. No. 300
11. 10-48

FILED JAN 27 1953

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 13

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lees Summit</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lees Summit 791</u>	
c. LENGTH OF STAY (In this place) <u>15 yr</u>		d. STREET ADDRESS (If rural, give location) <u>206 East 3rd St</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>206 East 3rd St</u>		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) <u>Eugene Kelly</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-14-53</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar 8-1916</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MRS. Hours	IF UNDER 1 MRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Oak Grove Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Subert L Kelly</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie C Scott</u>	14. NAME OF HUSBAND OR WIFE <u>Maureen Kelly</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maureen Kelly</u>	ADDRESS <u>Lees Summit</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1-13, 1946, to 1-14, 1953, that I last saw the deceased alive on 1-14, 1953, and that death occurred at 7:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Christ E Miller</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Lees Summit Mo</u>	23c. DATE SIGNED <u>1-15-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Blue Springs Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-16-53</u>	REGISTRAR'S SIGNATURE <u>W B Langford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W B Langford</u>	ADDRESS <u>Lees Summit Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

APR 15 1957

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 W. B. Crawford

Licensed Embalmer No. 3233

P. O. Address Lee's Summit 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.