

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9917

1652

FILED APR 9 1953

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

Registrar's No. 1652

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 45 yrs.		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2652 East 7th Street		e. STREET ADDRESS (If rural, give location) 2652 East 7th Street		3188	
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Joseph c. (Last) KELLEY			4. DATE OF DEATH (Month) (Day) (Year) March 23, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-13-74	9. AGE (In years last birthday) 78	10. UNDER 1 YEAR Months 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter	10b. KIND OF BUSINESS OR INDUSTRY Local Union No. 533	11. BIRTHPLACE (City and State or Foreign Country) Boston, Mass.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME --- Kelley		13b. MOTHER'S MAIDEN NAME Margaret ---		14. NAME OF HUSBAND OR WIFE Georgia A. Kelley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 195-10-3326	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Georgia A. Kelley, 2652 E. 7th, KC, Mo.		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis 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 11 days years 4 1/2
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3-12 , 19 53 , to 3-23 , 19 53 , that I last saw the deceased alive on 3-12 , 19 53 , and that death occurred at 9:50 m., from the causes and on the date stated above.					
23a. SIGNATURE R. S. Long		23b. ADDRESS M.O. MD 4800 E. 24th		23c. DATE SIGNED 3-24-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-25-53	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 3-24-53		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.	

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

Dr. Long
4810 E. 24
1:00

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.....
Signature of Student Embalmer

Signed *Glen E. Hech*.....

Licensed Embalmer No. *406*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.