

12-15-53  
FILED DEC 15 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42995  
5610

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. 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) 15 yrs.		c. CITY OR TOWN Kansas City		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1652 Jackson				e. STREET ADDRESS (If rural, give location) 1652 Jackson 3238			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) J		c. (Last) Kelly		4. DATE OF DEATH (Month) (Day) (Year) 11-27-53	
5. SEX M		6. COLOR OR RACE Wb.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Div		8. DATE OF BIRTH 2-11-1892	
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheppard Steel		11. BIRTHPLACE (City and State or Foreign Country) Sheridan Co Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME James Kelly		13b. MOTHER'S MAIDEN NAME Matilda Jackson		14. NAME OF HUSBAND OR WIFE Mary Louie (Div)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yr. no. or unknown) Yes		16. SOCIAL SECURITY NO. (If yes, give date of service) W.W.I. 354-03-3885		17. INFORMANT'S SIGNATURE OR NAME ADDRESS O.L. Kelly Glasgow 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH	
		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.				4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		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) (Min)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh H. Owens (Degree or title)				23b. ADDRESS 1824 Realto Bldg		23c. DATE SIGNED 11-28-53	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-30-53		24c. NAME OF CEMETERY OR CREMATORY St Joseph Cemetery		24d. LOCATION (City, town, or county) (State) Salsburg Mo.	
DATE REC'D BY LOCAL REG. 11-28-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE J. P. Shiel		ADDRESS 11-C-mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 15 1935

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 *John P. Smith*.....

Licensed Embalmer No. *3625*.....

P. O. Address *W.C. 40*.....

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.