

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12117

State File No. _____

1457

| | | | | | | | | | |
|---|--|--|---|--|---|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | 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>CAMDEN</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>KANSAS CITY</u>) | | c. LENGTH OF STAY (in this place) <u>5 DAYS</u> | | c. CITY OR TOWN <u>CAMDENTON</u> | | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>OSTEOPATHIC HOSPITAL</u> | | | | e. STREET ADDRESS (If rural, give location) <u>CAMDENTON, MISSOURI</u> | | | | 0151 | |
| 3. NAME OF DECEASED (Type or Print) <u>EVERETT</u> | | | a. (First) | | b. (Middle) | | c. (Last) <u>KELLY</u> | | |
| 4. DATE OF DEATH <u>MARCH 31, 1954</u> | | | (Month) | | (Day) | | (Year) | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>SEPT. 21, 1885</u> | | 9. AGE (In years, last birthday) <u>68</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PLUMBER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>JAMESON, MISSOURI</u> | | | 12. CITIZENRY OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>GEORGE KELLY</u> | | | 13b. MOTHER'S MAIDEN NAME <u>NOT OBTAINABLE</u> | | | 14. NAME OF HUSBAND OR WIFE <u>EVA KELLY</u> | | | |
| 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>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EVA KELLY - CAMDENTON, MISSOURI</u> | | | ADDRESS | |
| 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 | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> | | | | DUE TO (b) <u>Coronary Sclerosis & myocardial failure</u> | | | | <u>4:30 pm</u> <u>59.45 pm</u> <u>3/31-54</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (c) <u>hypertension</u> | | | | 6 pm until death | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>prostate hypertrophy</u> <u>Acute pulmonary edema</u> <u>& anoxia</u> | | | | 4201 | | | | | |
| 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) | | 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 <u>9/27, 1934</u> , to <u>3/31, 1954</u> , that I last saw the deceased alive on <u>3/31, 1954</u> , and that death occurred at <u>9:45 P.m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>G. N. Gillum</u> (Degree or title) | | | | 23b. ADDRESS <u>926 - 81th Kansas City, Mo</u> | | 23c. DATE SIGNED <u>4/1/54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>APR. 1, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>ROACH CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>CAMDENTON, MISSOURI</u> | | | |
| DATE REC'D BY LOCAL REG. <u>4-1-54</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>A. G. Newcomer</u> ADDRESS <u>1331 BUSH BRICK BLDG. KANSAS CITY, MISSOURI</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.....
Signature of Student Embalmer

Signed.....
Clare V. Carr, Jr.

Licensed Embalmer No. *4934*

P. O. Address *K.C. 10, 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.