

FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21180

State File No.

42

1000

795

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residency before admission). -- a. STATE Missouri b. COUNTY Buchanan 0117			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0		c. LENGTH OF STAY (in this place) 50 years		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital				e. STREET ADDRESS (If rural, give location) 815 S. 38th St.			
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Clinton c. (Last) Kelley			4. DATE OF DEATH (Month) (Day) (Year) July 28, 1955				
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH September 29, 1887		9. AGE (In years last birthday) 67	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) ret. butcher		10b. KIND OF BUSINESS OR INDUSTRY Swift & Company		11. BIRTHPLACE (City and State or Foreign Country) Holt County, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Artemis Kelley		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Madoline			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Robert Kelley, 815 So. 38th St. Joseph, 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) Cerebral Hem. ANTECEDENT CAUSES DUE TO (b) Hypertension and Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Gen Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peptic Ulcer 331X						
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) (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 7-28-55 , 19 55 , to 7-28-55 , that I last saw the deceased alive on 7/28/55 , and that death occurred at 5:10p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. E. Grimes M.D.				23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 7-29-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/30/1955	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri			
DATE REC'D BY LOCAL REG. Aug. 5, 1955	REGISTRAR'S SIGNATURE Kathleen M. Allison			25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman		ADDRESS St. Joseph Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

*Dr. Skinner
Kirk B. B. B.*

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.....
James B. Hawkins

Licensed Embalmer No. 45

P. O. Address 319 So. 10th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.