

THE DIVISION OF HEALTH OF MISSOURI
FILED FEB 17 1956 STANDARD CERTIFICATE OF DEATH

State File No. **5063**
 Registrar's No. **430**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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 **90 yrs.**
 c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **2129-D Summit Street**
 e. STREET ADDRESS (If rural, give location) **2129-D Summit Street** **330 1/2**

3. NAME OF DECEASED
 a. (First) **James** b. (Middle) **J.** c. (Last) **Rellis** **4. DATE OF DEATH** (Month) (Day) (Year)
Jan. 29, 1956

5. SEX **Male** **6. COLOR OR RACE** **white** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Never Married** **8. DATE OF BIRTH** **Aug. 22, 1865** **9. AGE** (In years last birthday) **90** 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) **Retired Watchman** **10b. KIND OF BUSINESS OR INDUSTRY** **City Water Dept.** **11. BIRTHPLACE** (City and State or Foreign Country) **Leavenworth, Kansas** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **James J. Rellis, Sr.** **13b. MOTHER'S MAIDEN NAME** **unknown** **14. NAME OF HUSBAND OR WIFE** **never married**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** **16. SOCIAL SECURITY** (If yes, give war or dates of service) **486-36-9175 NO** **17. INFORMANT'S SIGNATURE OR NAME** **Miss Agnes Henderson-3724 Broadway** **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.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Starvation & Malnutrition with marked dehydration & Acidosis** (b) **General Arteriosclerosis** (c) **10 Yrs.?**
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.
4500

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 9 Nov., 1955, to 29 Jan., 1956, that I last saw the deceased alive on 29 Jan., 1956 and that death occurred at 6:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE **Philip G. Kaul** (Degree or title) **MD** **23b. ADDRESS** **411 Nichols Rd.** **23c. DATE SIGNED** **30 Jan. 56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **1/31/56** **24c. NAME OF CEMETERY OR CREMATORY** **St. Marys Cemetery** **24d. LOCATION** (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **1-30-56** **REGISTRAR'S SIGNATURE** **neva minshall** **25. FUNERAL DIRECTOR'S SIGNATURE** **Quirk & Tobin-20 W. Linwood, K. C. Mo.** **ADDRESS**

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 *James E. Hacklema*

Licensed Embalmer No. *4573*

P. O. Address *H. C. M.*

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.