

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14892

FILED APR 26 1957

State File No. 3692

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY		
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Reserve		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Miss. Pac. Hosp. Assoc.			STREET ADDRESS 33 Box 37		(If rural, give location) 815 S
3. NAME OF DECEASED (Type or Print)	a. (First) Willie	b. (Middle) Lee	c. (Last) Kelley	4. DATE OF DEATH (Month) (Day) (Year)	4 17 57
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 14, 1901	9. AGE (In years last birthday) 56	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) News Telegrapher		10b. KIND OF BUSINESS OR INDUSTRY Miss. Pacif. R.R.	11. BIRTHPLACE (City and State or Foreign Country) Iron City, Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Robert A. Kelley		13b. MOTHER'S MAIDEN NAME Margaret Simmons		14. NAME OF HUSBAND OR WIFE Myrtle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Myrtle Kelley, Box 37, Reserve, Kansas		
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) Myocardial Infarction ANTECEDENT CAUSES Arteriosclerosis, ad. DUE TO Ch. Glomerulo Nephritis, II. OTHER SIGNIFICANT CONDITIONS Peptic Ulcers.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 3/3/1957 , to 3/17/1957 , that I last saw the deceased alive on 3/16/1957 , and that death occurred at 5:15 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Charles Hoover		(Degree or title)	23b. ADDRESS Miss. Pacif. Hospital Bldg.		23c. DATE SIGNED 4/17/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-17-57	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Leavenworth, Kansas		
DATE REC'D BY LOCAL REG. APR 17 '57	REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.		

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

STATE OF MISSOURI

DEPARTMENT OF HEALTH

Division of Health Services

Division of Health Services

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 *Elton H. Remelius*

Licensed Embalmer No. *4283*

P. O. Address *St. Louis, 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.