

Health,
Welfare
Public
Service

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16242

FILED MAY 27 1957

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 553

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2308 Messanie St.		d. STREET ADDRESS 2308 Messanie St.	
3. NAME OF DECEASED (Type or print) First MIDDLE Last ALBERT FRANK KELLISON		4. DATE OF DEATH Month Day Year May 15 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 30, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Watson Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME John Kellison		14. MOTHER'S MAIDEN NAME Plaster	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-24-8665	
17. INFORMANT Mrs. Jessie Kellison		Address St. Joseph, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Degeneration DUE TO (b) Arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Several months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4221	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 5-10-57 to 5-13-57 and last saw him alive on 5-15-57 Death occurred at 2:00A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) C. L. Ferguson	
22b. ADDRESS 801 1/2 Francis St.		22c. DATE SIGNED 5-17-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-17-57	
23c. NAME OF CEMETERY OR CREMATORY High Creek Cemetery		23d. LOCATION (City, town, or county) (State) Near Watson Missouri	
24. FUNERAL DIRECTOR Home Funeral Home		ADDRESS St. Joseph, Mo.	
25. DATE RECD. BY LOCAL REG. May 21, 1957		26. REGISTRAR'S SIGNATURE Catharine M. Allison	

(Licensed Embalmer's Statement on Reverse Side)

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1957 AUG 23 1957

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 *George A. Kerby*

Licensed Embalmer No. 1173

P. O. Address *Joseph*

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.