

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16517**

FILED JUN 10 1957

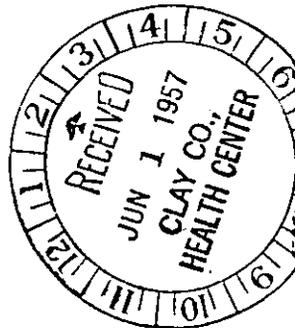
BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>5292</u>		Registrar's No. <u>49</u>			
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>					
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Rural Platte</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Liberty</u>		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 <u>Rt Liberty, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>6000 R1 Platte Co. Mo.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clifford</u> b. (Middle) <u>WM.</u> c. (Last) <u>Kelly</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 25-57</u>						
5. SEX <u>2</u>	6. COLOR OR RACE <u>Male Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 17-1902</u>		9. AGE (In years last birthday) <u>55</u>	10. MONTHS <u>5</u>	11. YEARS <u>1</u>	12. HOURS <u>1</u>	13. MINUTES <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Smithville Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Abraham Kelly</u>			13b. MOTHER'S MAIDEN NAME <u>Maudie Deaton</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Kelly</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Kelly</u> ADDRESS <u>R1-Liberty Mo</u>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Insufficiency</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia - 3 wk - Practically healed</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 yr -</u> <u>1 yr -</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> 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) <u>4201</u>					
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>Feb 15, 1956</u> , to <u>May 25, 1957</u> , that I last saw the deceased alive on <u>May 24, 1957</u> , and that death occurred at <u>11:45</u> Am., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Glenn W. Anderson M.D.</u>				23b. ADDRESS <u>Liberty, Mo</u>		23c. DATE SIGNED <u>5/25/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-28-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Albert</u>		24d. LOCATION (City, town, or county) (State) <u>Platte Co. Mo</u>				
DATE REC'D BY LOCAL REG. <u>5-27-57</u>		REGISTRAR'S SIGNATURE <u>Marquette Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Church - Arcene Liberty, Mo.</u> ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Harold S. Smith*.....

Licensed Embalmer No...4575

P. O. Address... *Liberty, 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.