

Health,
Welfare
Public
Service

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. H. Durham

FILED JUN 28 1957

STANDARD CERTIFICATE OF DEATH

20401

STATE FILE NUMBER

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 2653

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>318 W. Branchliff</u>			Length of stay <u>2 weeks</u>		d. STREET ADDRESS (If outside, give location) <u>318 W. Branchliff</u>
3. NAME OF DECEASED (Type or print) First <u>Bertha</u> Middle <u>Jane</u> Last <u>Kelley</u>			4. DATE OF DEATH Month <u>June</u> Day <u>6</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 12, 1881</u>	9. AGE (In years last birthday) <u>76</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Mercer Co. Mo</u>	
13. FATHER'S NAME <u>Marcus Foster</u>			14. MOTHER'S MAIDEN NAME <u>Sarah Ann Truque</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-16-4708</u>		17. INFORMANT <u>Jola Sallemore</u> Address <u>318 W. Branchliff</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumo pneumonia</u> DUE TO (b) <u>Symphoricta blatta Parvosa</u> DUE TO (c) <u>Primary site unknown</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs - 10 mos</u>
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.)		
20c. TIME OF INJURY Hour <u>1:00</u> Month <u>4</u> Day <u>19</u> Year <u>57</u> a. m. <u>p. m.</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>4-19-57</u> to <u>June</u> and last saw her him alive on <u>6/5/57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>R. H. Durham M.D.</u>			22b. ADDRESS <u>2075 Swartz NKC Mo</u>		22c. DATE SIGNED <u>6/6/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>6-6-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Harley Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Princeton Mo</u>
24. FUNERAL DIRECTOR <u>Stoney Funeral Home</u> ADDRESS <u>58 Joseph</u>			25. DATE RECD. BY LOCAL REG. <u>Mo. 6-6-57</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>

(Licensed Embalmer's Statement on Reverse Side)

Beal 1005-A

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 *Blair H. Hill*

Licensed Embalmer No. 45

P. O. Address K.C. 16

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.