

FILED JUL 11 1957

STANDARD CERTIFICATE OF DEATH

'57 0 2 2 6 2 6  
STATE REG. NO. 6114

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6114

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE Missouri.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Length of stay in lb		b. COUNTY Jackson.	
3. NAME OF DECEASED (Type or print)				First LEE		Last KELCE	
4. DATE OF DEATH				Month JUNE		Day 30, Year 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 Aug. 4, 1897	
9. AGE (In years last birthday) 59				10. KIND OF BUSINESS OR INDUSTRY Coal Co.		11. BIRTHPLACE (City and state or country) Pittsburgh, Kansas.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President				12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME David Kelce				14. MOTHER'S MAIDEN NAME Etta White			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 1				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Gladys Kelce Kansas City, 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) LYMPHOSARCOMA  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 2001							INTERVAL BETWEEN ONSET AND DEATH 2 YRS.
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, Month, Day, Year 10:15 A.M. June 30, 1957							
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 JUNE 19, 1957, to JUNE 30, 1957 and last saw him alive on JUNE 30, 1957 Death occurred at 10:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE C. D. Demillion, M.D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 6/30/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-30-57		23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (State) Pittsburgh, Kansas.	
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.				25. DATE RECD. BY LOCAL REG. JUL-1-57		26. REGISTRAR'S SIGNATURE [Signature]	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

019

019

1917

Lockwood

Missouri

x

Kansas City

x

x

JUL 18 1917

Missouri

Missouri

U.S.

JUL 25 1917

Aug. 1, 1897

x

white

Male

Pittsburgh, Kansas

Coal Co.

President

Eta White

David Keice

Gladye Keice Kansas City, Mo.

Unknown

Wa I

Yes

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was prepared by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Elmo R. Cadwell

Licensed Embalmer No. 46

P. O. Address St. Louis

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.

Albert H. Hoppert, 1700 Washington Blvd.