Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 5 1957

STATE FILE NUMBER 35939 4832

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Joseph's Hosp — Length of stay in 1b: 1 da.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Raytown, Mo — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 9705 E 81 St — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First GLADYS Middle INA Last KELLY

4. DATE OF DEATH Month ~~XXXXXX~~ Day 10 Year 16/57

5. SEX Fem
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 3-8-1913
9. AGE (In years last birthday) 44 — 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) Clerk
10b. KIND OF BUSINESS OR INDUSTRY St. Auto License Dept.
11. BIRTHPLACE (City and state or country) Salisbury, Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Keenan
13b. MOTHER'S MAIDEN NAME Dora Kuhn ~~Keenan~~
14. NAME OF HUSBAND OR WIFE Richard H. Kelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 500-03-3186
17. INFORMANT Mr. Richard H. Kelly, 9705-E 81 St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cancer of the breast — INTERVAL BETWEEN ONSET AND DEATH: 19 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) — not
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): none

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 11/20/57 to 10/16/57 and last saw her alive on 10/16/57
Death occurred at about 8 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John A. Flatley (Degree or title) M.D.
22b. ADDRESS Raytown, Mo.
22c. DATE SIGNED 10/18/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10/19/57
23c. NAME OF CEMETERY OR CREMATORY Wharten
23d. LOCATION (City, town, or county) Bosworth, Mo (State)

24. FUNERAL DIRECTOR Sheil Colonial Funeral Chapel — ADDRESS
25. DATE RECD. BY LOCAL REG. 10-19-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

John A. Flatley

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 ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No. 4464

P. O. Address K.C. 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.