

XC-NONE
SL 17005

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027121

STATE FILE NUMBER

1003

FILED JUL 18 1958 Registration District No. 318 Primary Registration District No. Registrar's No. 6661

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FENTON 4000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. AIM. HOSPITAL		Length of stay in lb 17 days	d. STREET ADDRESS (If outside, give location) RT. #2, BOX 395
3. NAME OF DECEASED (Type or print) First Middle Last RICHARD JULIAN KELLY			4. DATE OF DEATH Month Day Year JULY 1, 1958
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 9/4/10
9. AGE (In years last birthday) 47	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) DOWNERS GROVE, ILL. /
12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME JOHN BANKS		13b. MOTHER'S MAIDEN NAME ANN FABER
14. NAME OF HUSBAND OR WIFE LILLIAN A. KELLY	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES PEACE TIME	16. SOCIAL SECURITY NO. 360-30-1739	17. INFORMANT VA HOSP. RECORDS, ST. LOUIS, MO.
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF RIGHT LUNG WITH METASTASES			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - - - - - DUE TO (c) - - - - - 163x			-
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <input checked="" 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 a.m. p.m.			
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 Death occurred at 2:25 A.M. 6/14/58 to 7/1/58 and last saw him alive on 7/1/58	m on the date stated above; and to the best of my knowledge, from the causes stated.		
22. SIGNATURE (Degree or title) J. W. Hyland M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 7/1/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/5/58	23c. NAME OF CEMETERY OR CREMATORY St. Paul's	23d. LOCATION (City, town, or county) (State) Fenton Mo.
24. FUNERAL DIRECTOR Leola Fisher Fenton Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. JUL 3 '58	26. REGISTRAR'S SIGNATURE Carl Smith Mo

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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 *Samuel J. Mahan*

Licensed Embalmer No. *4326*

P.O. Address *W. B. D. M.*

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.