

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001372
State File No. _____

FILED JAN 21 1959

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|---|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>15</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City, Missouri</u> | | c. LENGTH OF STAY (in this place) <u>40 yrs</u> | | c. CITY OR TOWN <u>Kansas City, Mo.</u> | | d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>221 N Mersington Res.</u> | | | | 3. STREET ADDRESS (If rural, give location) <u>221 N. Mersington</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Horatio</u> | | b. (Middle) <u>E.</u> | | c. (Last) <u>Kelly</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2 59</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | | 8. DATE OF BIRTH <u>Oct 2, 1909</u> | |
| 9. AGE (In years last birthday) <u>49</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inspector</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>House wares</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lockwood Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>Alex Kelly</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emma Sheets</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</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>495-05-5783</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Cook</u> | | ADDRESS <u>221 N. Mersington K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Contusion Head, probable fracture, Fr Skull</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>fall on pavement</u> DUE TO (c) <u>Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Arterio Sclerosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>44</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>fall on ice in street 123</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hldg., etc.) <u>fall on ice in street</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo.</u> | | 21f. NOW DID INJURY OCCUR WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-2-59</u> | | 21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. NOW DID INJURY OCCUR <u>fall on pavement</u> | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) | | | | 23b. ADDRESS <u>1024 Bialto Bldg</u> | | 23c. DATE SIGNED <u>1-5-59</u> | |
| 24a. BURIAL OR CREMATION REMOVAL (Specify) <u>buried</u> | | 24b. DATE <u>I-6-59</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kan</u> | |
| DATE REC'D BY LOCAL REG. <u>1-5-59</u> | | REGISTRAR'S SIGNATURE <u>new Marshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gibson & Son</u> ADDRESS <u>K.C.K.</u> | | | |

WRITES PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Hugh H. Owens

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 *Phil C. Kibler*
Licensed Embalmer No. 3138
P. O. Address *Keosauqua, Ia*

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.