

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017794

FILED MAY 29 1959 Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER Registrar's No. 2180

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Parkville, Mo. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp.		Length of stay in 1b 18 days	d. STREET ADDRESS (If outside, give location) 6422 N. Rock Garden Rd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Beulah Middle M. Last Kelley			4. DATE OF DEATH Month April Day 29 Year 1959		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 4, 1891	9. AGE (In years last birthday) 67	10. FUNDER 1 YEAR Months 6 Days 7	11. IF UNDER 24 HRS Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dietary Service St. Luke's Hosp.	10b. KIND OF BUSINESS OR INDUSTRY HOSPITAL	11. BIRTHPLACE (City and state or country) Livingston, Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME George Akerson	13b. MOTHER'S MAIDEN NAME Georgia Ann Mc Gay	14. NAME OF HUSBAND OR WIFE Elmore Elroy Kelley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 496-01-3372	17. INFORMANT Mrs. Carlton G. Loomis Address 7311 Virginia
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cardiac arrythemia		INTERVAL BETWEEN ONSET AND DEATH yrs.
DUE TO (b) arteriosclerotic heart disease		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) hypertension pulmonary edema		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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 _____ g.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 Kansas City	COUNTY Platte	STATE Missouri
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21. I attended the deceased from **4-11 -59** to **4-29-59** and last saw her alive on **4-29-59**
Death occurred at **3:54P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE V. B. Ballard MD (Degree or title)	22b. ADDRESS 411 Nichols Rd. K. C. Mo.	22c. DATE SIGNED 4-30-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5-1-59	23c. NAME OF CEMETERY OR CREMATORY Green Lawn	23d. LOCATION (City, town, or county) Kansas City, Mo.
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24. FUNERAL DIRECTOR D. W. Newcomer's Sons ADDRESS 1331 Brush Creek	25. DATE RECD. BY LOCAL REG. 5-1-59	26. REGISTRAR'S SIGNATURE neva minshall
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

lib, elfare lic vice

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V. B. Ballard



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 *Kenneth W. Johnson*

Licensed Embalmer No. *4889*.....

P. O. Address *S. C., 470*.....

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.