ealth,
Welfare
blic
ervice

300
-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021472
STATE FILE NUMBER

FILED JUN 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2669

1. PLACE OF DEATH a. COUNTY JACKSON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) MENORAH MEDICAL CENTER — Length of stay in 1b 9 yrs	d. STREET ADDRESS (If outside, give location) 5821 Central — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First HELEN	Middle D.	Last KELLY	4. DATE OF DEATH Month Day Year MAY 29, 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH 9-7-43	9. AGE (In years last birthday) 15 yrs. — 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) Student	10b. KIND OF BUSINESS OR INDUSTRY Loretto Academy	11. BIRTHPLACE (City and state or country) Plainfield, N. J.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Austin Kelly	13b. MOTHER'S MAIDEN NAME Helen Duggan	14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. Olindo DiFabio, 5821 Central	Address

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) MULTIPLE SCLEROSIS — INTERVAL BETWEEN ONSET AND DEATH 8 or 9 months
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) 345X
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 2/26/59, to 5/29/59 and last saw her ~~him~~ alive on 5.29.59
Death occurred at 5/29/59 3:05 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dewey K. Siegler (Degree or title) D
22b. ADDRESS 4252 63 St.
22c. DATE SIGNED 5/29/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 1, 1959
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home
ADDRESS Woodland-Linwood
25. DATE RECD. BY LOCAL REG. 5-30-59
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
Dewey K. Siegler M. D.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Arthur Eugene Hoo

Licensed Embalmer No. 4912

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.