

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JUL 22 1959

59-027882

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 57

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HOUSTON, MO.</u>	Length of stay in 1b	c. CITY OR TOWN <u>RAYMONDVILLE</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>TEXAS COUNTY MEMORIAL</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>FRANKLIN</u> Last <u>KELLY</u>			4. DATE OF DEATH Month <u>JULY</u> Day <u>10</u> Year <u>1959</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHT</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>1-14-1897</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAYMONDVILLE</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM MARION KELLY</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH SNOW</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>NONE</u>	17. INFORMANT <u>IYA BRIGHTMAN Houston-MO</u>
--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebrovascular accident</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>generalized arterio-sclerosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input 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 <u> </u> a.m. / p.m. Month, Day, Year <u> </u>	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 <u> </u> STATE <u> </u>
---	--	--	--

21. I attended the deceased from <u>June 22, 1959</u> to <u>July 10, 1959</u> and last saw met him alive on <u>July 10, 1959</u> Death occurred at <u> </u> on the date stated above, and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE <u>Paul Pedersen M.D.</u> (Degree or title)	22b. ADDRESS <u>Houston Missouri</u>	22c. DATE SIGNED <u>7-20-59</u>
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-17-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ALLEN</u>	23d. LOCATION (City, town, or county) <u>Approx 3 1/2 mi. W. Raymondville</u> (State) <u>MO</u>
--	-------------------------------	--	--

24. FUNERAL DIRECTOR <u>L. J. Evans Houston Mo</u>	25. DATE RECD. BY LOCAL REG. <u>7-20-59</u>	26. REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>
---	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Sewell C. Cera

Licensed Embalmer No. 4766

P. O. Address Mtn St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.