

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED

JAN 4 1960

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Primary Registration District No. 544

Registrar's No. 3405

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jeff	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood Mo		c. CITY OR TOWN Cedar Hill Mo	
Length of stay in 1b 6 da.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hosp.		d. STREET ADDRESS (If outside, give location) Hwy B.	
3. NAME OF DECEASED (Type or print) First MATHEW Middle M. Last KELLY		4. DATE OF DEATH Month 12 Day 19 Year 59	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/25/1889
9. AGE (last birthday) 70		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY railroad sup.	11. BIRTHPLACE (City and state or country) De Soto Mo
12. CITIZEN OF WHAT COUNTRY USA.		13a. FATHER'S NAME M. M. Kelly	
13b. MOTHER'S MAIDEN NAME ELLA HEARST		14. NAME OF HUSBAND OR WIFE MARY A. Kelly	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 702-12-4356A	
17. INFORMANT Mary A. Kelly		Address Cedar Hill Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolus			INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO (b) Carcinoma of the colon			
DUE TO (c) _____			
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 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 _____ a.m. _____ p.m.	Month, Day, Year		
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 Sept 1959 to Dec 19, 1959 and last saw her/him alive on Dec 19, 1959 Death occurred at 3:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Leon S. Polufo, M.D.		22b. ADDRESS 109 N. Taylor Liberal Mo	22c. DATE SIGNED Dec 21 1959
23a. BURIAL CREMATION, (Specify)	23b. DATE 12/22/59	23c. NAME OF CEMETERY OR CREMATORY St MARTINS Cem.	23d. LOCATION (City, town, or county) (State) DITMER Mo
24. FUNERAL DIRECTOR Drimmer Funeral Home	ADDRESS Mo Springs	25. DATE RECD. BY LOCAL REG. 12-21-59	26. REGISTRAR'S SIGNATURE John B. Murphy

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard J. Lau Jr.
Licensed Embalmer No. 4800

P. O. Address Kirkwood 22, 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.