

FEDERAL BUREAU OF INVESTIGATION  
**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-046653**

**FILED VS JAN 1 1960**

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STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clinton</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		Length of stay in 1b <b>45 min.</b>	c. CITY OR TOWN <b>Plattsburg</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Methodist Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R.F.D.#2</b>	
3. NAME OF DECEASED (Type or print) First <b>Clifford</b> Middle <b>Alexander</b> Last <b>Kelly</b>			4. DATE OF DEATH Month <b>December</b> Day <b>30</b> , Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/31/1940</b>	9. AGE (last birthday) <b>19</b>	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) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Plattsburg, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>George Kelly</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jo Grayson</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Anne Kelly</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-40-8935</b>		17. INFORMANT <b>Mary Anne Kelly, Plattsburg, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Laceration</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Fractured Skull</b>					<b>2 hrs.</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)				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.) <b>Fell out of a tree, striking head on</b>			
20c. TIME OF INJURY Hour <b>10</b> a.m. Month, Day, Year <b>12/30/59</b>	cement side walk				
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>City of Plattsburg</b>	20f. CITY, TOWN, OR LOCATION <b>Plattsburg</b>	COUNTY <b>Clinton</b>	STATE <b>Missouri</b>	
21. I attended the deceased from <b>11 am 12/30/59</b> to <b>11:30 12/30/59</b> and last saw him alive on <b>12/30/59</b>		Death occurred at <b>11:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Mary Anne Kelly</i>		(Degree or title)	22b. ADDRESS <b>420 N. 8th, St. Joseph, Mo.</b>		22c. DATE SIGNED <b>12/30/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/2/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Washington Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Plattsburg, Missouri</b>	
24. FUNERAL DIRECTOR <i>Funeral Home, Inc.</i>		ADDRESS <b>Plattsburg, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Jan. 12, 1960</b>	26. REGISTRAR'S SIGNATURE <i>Wm Clark Gendell</i>	

DOCUMENT

BY AFFIDAVIT OF J.R. Ferguson, M.D. CERTIFICATION

**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

*Frederic E. Cox*

Licensed Embalmer No. 4493

P. O. Address

*Rocky, Pa.*

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.