

MICHIGAN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014280

FILED VS APR 29 1960

1000

480

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 480

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 1511 Prospect Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First WALTER Middle ELLIS Last KELLY			4. DATE OF DEATH Month April Day 15 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/29/95	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Park Dept.		10b. KIND OF BUSINESS OR INDUSTRY City of St. Joseph		11. BIRTHPLACE (City and state or country) Bethany Missouri			
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME George Kelly		13b. MOTHER'S MAIDEN NAME Dilliah Isabelle King			
14. NAME OF HUSBAND OR WIFE Mrs. Lena Kelly		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#1					
16. SOCIAL SECURITY NO. 500-10-4971		17. INFORMANT Address 1511 Prospect St. Joseph, Mo. Mrs. Lena Kelly					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) peritonitis, generalized DUE TO (b) perforation of sigmoid colon DUE TO (c) spontaneous - (Diverticulum?) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 3 days 4 days		
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 checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>4/13</u> , to <u>4/15</u> and last saw ex him live on <u>4/15</u> Death occurred at <u>11:05 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>[Signature]</i>			22b. ADDRESS <u>720 N 8th St St Joseph Mo</u>		22c. DATE SIGNED <u>4/20/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE <u>4/18/1960</u>	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		
24. FUNERAL DIRECTOR ADDRESS <u>Stoney Funeral Home</u> St. Joseph, Mo.			25. DATE RECD. BY LOCAL REG. <u>April 22, 1960</u>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

DOCUMENT

MEDICAL CERTIFICATION
J.R. Forgrave, M.D.

BY AFFIDAVIT OF

APR 29 1960 SA

JUN 21 1960

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph

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.