RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 6 1960

Registration District No. 144 Primary Registration District No. 1002 Registrar's No. 4263 STATE FILE NUMBER 60-030623

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 4 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 6910 E. 37th — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6910 E. 37th — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lillian Middle: Marie Last: Kelso

4. DATE OF DEATH: Month: Aug. Day: 18 Year: 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 12-7-1908

9. AGE (last birthday): 51 — 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): Machine Operator.

10b. KIND OF BUSINESS OR INDUSTRY: Dry Goods

11. BIRTHPLACE (City and state or country): Chandlerville Ill

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Garrett Johnson

13b. MOTHER'S MAIDEN NAME: Clara Shelton

14. NAME OF HUSBAND OR WIFE: James Kelso

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.: 487-18-8413

17. INFORMANT: James Kelso Address: Kansas City, Mo.

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)	SEPSIS	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	INTESTINAL OBSTRUCTION	7 days
DUE TO (c)	ADENOCARCINOMA OF COLON	UNKNOWN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic glomerular nephritis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 3-21-59, to 8-17-60 and last saw her/him alive on 8-17-60

Death occurred at 1:10 A.M. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James E. Williams D.O.

22b. ADDRESS: 4233 Blue Ridge Kansas City, Mo.

22c. DATE SIGNED: 8-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal.

23b. DATE: 8-18-60

23c. NAME OF CEMETERY OR CREMATORY: —

23d. LOCATION (City, town, or county) (State): Glasgow Mo.

24. FUNERAL DIRECTOR: Freimuth Mortuary ADDRESS: Glasgow, Mo.

25. DATE RECD. BY LOCAL REG.: 8-19-60

26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF James E. Williams DOCUMENTAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John R. Du

Licensed Embalmer No. 453

P. O. Address Kansas

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