

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009403

AMENDED Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 152 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED APR 5 1961

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in 1b 0
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St Johns Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Kansas b. COUNTY LaBette
 c. CITY OR TOWN Parsons Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 617 N. Central Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First JAMES Middle ALBERT Last KELLY
 4. DATE OF DEATH Month March Day 28 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 7-27-1934 9. AGE (last birthday) 26 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) Clerk 10b. KIND OF BUSINESS OR INDUSTRY US Census Bureau 11. BIRTHPLACE (City and state or country) Parson, Kansas 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Clarence C. Kelly 13b. MOTHER'S MAIDEN NAME Thresa Christensen 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1957-1959 16. SOCIAL SECURITY NO. 1957-1959 17. INFORMANT C. C. Kelly Address 617 N. Central, Parsons, Kans

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Crushed chest INTERVAL BETWEEN ONSET AND DEATH 30 min.
 DUE TO (b) Automobile accident
 DUE TO (c)
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. 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.) Went over cliff on South Main street at Shoal creek curve.

20c. TIME OF INJURY 10:10 Hour Minute Month, Day, Year 3-28-61

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.) South Main Street At Shoal Creek Highway 86 at Redings Mill 20f. CITY, TOWN, OR LOCATION Newton COUNTY MO. STATE MO.

21. I attended the deceased from 12:10 A. M. to and last saw her/him alive on . Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wendell Fuhr D.D.S. CORONER. (Degree or title) 22b. ADDRESS JOPLIN, MO 22c. DATE SIGNED 3-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3-28-1961 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d. LOCATION (City, town, or county) (State) Parsons, Kansas

24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 3-28-1961 26. REGISTRAR'S SIGNATURE Dove Merriam

APR 7 1961

APR 5 1961

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 David Skilton

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.