

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-011986
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 669

AMENDED FILED MAR 27 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in lb 5 DAYS		c. CITY OR TOWN COLLINSVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS' ADMINISTRATION HOSPITAL				d. STREET ADDRESS (If outside, give location) 3318 AMHERST AVENUE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HARRY Middle C. Last KELLY				4. DATE OF DEATH Month 3 Day 8 Year 61			
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 7-17-93	
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST			10b. KIND OF BUSINESS OR INDUSTRY STEEL FOUNDRY		11. BIRTHPLACE (City and state or country) ROODHOUSE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JAMES KELLY			13b. MOTHER'S MAIDEN NAME MARY FRIEND			14. NAME OF HUSBAND OR WIFE VIRGIE KELLY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I				17. INFORMANT Address Illinois Mrs. Virgie Kelly, 3318 Amherst, Collinsville			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF GALL BLADDER							INTERVAL BETWEEN ONSET AND DEATH INTERM.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> 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 VA 3-3-61 to 3-8-61 and last saw him XXXX XXXX on 3-8-61 Death occurred at 9:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Fred Lavata</i> (Degree or title)				22b. ADDRESS M.D. VA HOSP. JEFF. BRKS. MO.		22c. DATE SIGNED 3-8-61	
23. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3/8/61		23c. NAME OF CEMETERY OR CREMATORY Lake View Memorial Gardens, Belleville, Ill.		23d. LOCATION (City, town, or county) (State)	
24. GENERAL DIRECTOR Herbert A. Kassly Funeral Home, ADDRESS Collinsville, Ill.		25. DATE RECD. BY LOCAL REG. 3-10-61		26. REGISTRAR'S SIGNATURE <i>John M. Muffly M.D.</i>			

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 Not Embalmed Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert C. Kandy

Licensed Embalmer No. 2803

P. O. Address Collinsville, Ill

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.