

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2547-61-017564
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2547

1. FILED OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in 1b 61 Yrs		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Kelly Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 11924 E 47th St	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First THERESA Middle CATHERINE Last KELLY			Month May Day 22 Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/18/81	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Iowa Co Iowa	
13a. FATHER'S NAME John Quinn		13b. MOTHER'S MAIDEN NAME Mary Rock		14. NAME OF HUSBAND OR WIFE Anthony J Kelly	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address Laurine B Shell 11924 E 47th St	
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) Cerebral Vascular accident					2 day
DUE TO (b) Cerebral Sclerosis					unknown
DUE TO (c) Generalized Arteriosclerosis					unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic myocarditis					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 1950 to 5/22/61 and last saw her alive on 5-20-61 Death occurred at 1115 P 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 5246 St John		22c. DATE SIGNED 5/23/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/26/61	23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery		23d. LOCATION (City, town, or county) (State) Kinross Iowa
24. FUNERAL DIRECTOR ADDRESS Shell Colonial Chapel Kansas City Mo			25. DATE RECD. BY LOCAL REG. 5-23-61	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFIDAVIT OF

A. Kienberg

Missouri 180-200

Jackson

Kansas City

21 yrs

Kansas City

11254 E 1/2 N 34 St

X

Kelly Patricia

1901

SS

11/10/01

KLBY

CATH LINE

T. T. FESSA

08 2/13/01

X

white

Female

1820

swol 00 swol

Housewife

Anthony J Kelly

Kelly Patricia

John Quinn

Patricia H Kelly 11254 E 1/2 N 34 St

Mo.

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 Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address KC 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.

Witness: _____

of witness _____