

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033776

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 300 STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

FILED OCT 2 1961

1. PLACE OF DEATH
 a. COUNTY Pettis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in lb 35 yrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Pettis
 c. CITY OR TOWN Sedalia Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1411 So. Barrett Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last HARRY Michael Kelly
 4. DATE OF DEATH Month Day Year Sept 23 1961
 5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 6-10-1891 9. AGE (last birthday) 70 IF UNDER 1 YEAR Months Days Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt 10b. KIND OF BUSINESS OR INDUSTRY Mo Pac Shops 11. BIRTHPLACE (City and state or country) St. Louis, Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME Edward Kelly 13b. MOTHER'S MAIDEN NAME Emma Cabrilla 14. NAME OF HUSBAND OR WIFE Christine Kelly
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Mrs Harriet Cassinelli Address Reno Nevada

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Arterio-sclerotic Cerebro-vascular disease INTERVAL BETWEEN ONSET AND DEATH 2 years
 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) Severe Hypertension; Paralysis agitans; Duodenal Ulcer
 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 7-27-59 to 9-22-61 and last saw him alive on 9-22-61
 Death occurred at 10:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deedee or Title) Albert J. Campbell MD 22b. ADDRESS 312 1/2 So. Ohio Sedalia Mo 22c. DATE SIGNED 9-25-61

23a. BURIAL, CREMATION REMOVAL (Specify) Burial 23b. DATE 9-27-1961 23c. NAME OF CEMETERY OR CREMATORY Memorial Park 23d. LOCATION (City, town, or county) (State) Sedalia Mo

24. FUNERAL DIRECTOR ADDRESS McLaughlin Bros Sedalia 25. DATE RECD. BY LOCAL REG. 9-26-1961 26. REGISTRAR'S SIGNATURE Frances Shelby

1961 8 100

JAN 25 1962

NOV 7 1961

1961 8 NOV

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 K. P. M. Cray

Licensed Embalmer No. 3153

P. O. Address Sedalia

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.