

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041374

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 746 Primary Registration District No. 3026 Registrar's No. 556

STATE FILE NUMBER

FILED NOV 28 1961

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence Missouri		Length of stay in 1b 2 Yrs.	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2119 Linwood Blvd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Mary Middle E. Last Kelley			4. DATE OF DEATH Month 11 Day 18 Year 61
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-29-76
9. AGE (last birthday) 85		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) West Monroe, La.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Joseph Walton	
13b. MOTHER'S MAIDEN NAME Leanna-----		14. NAME OF HUSBAND OR WIFE Rev. W. C. Kelly Sr.	
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. None	17. INFORMANT Address Mrs. Anna F. Washington, K. C. Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac failure			INTERVAL BETWEEN ONSET AND DEATH Minutes
DUE TO (b) Atherosclerosis			Years
DUE TO (c) Generalized arteriosclerosis			Years
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 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 _____ 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 10-11-58 to 11-18-61 and last saw her alive on 11-16-61 Death occurred at 3:35 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Joseph N. Watkins, D.O.		22b. ADDRESS 809 W. Lexington Independence, Mo	22c. DATE SIGNED 11/20/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-21-61	23c. NAME OF CEMETERY OR CREMATORY Hasley	23d. LOCATION (City, town, or county) (State) Monroe, Louisiana
24. FUNERAL DIRECTOR ADDRESS Jones & Stevens, 2315 Linwood		25. DATE RECD. BY LOCAL REG. 11-20-61	26. REGISTRAR'S SIGNATURE Alta L. Craig

DATE AWENED

INSTEAD OF DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

BY AFFIDAVIT OF

BEG 6 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 Armenus Jones

Licensed Embalmer No. 4429

P. O. Address 2315 _____

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.