

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044045

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6288

FILED DEC - 2 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Length of stay in 1b <b>50 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (IF NOT in hospital, give location) <b>721 West 75th. Street</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>721 West 75th. Street</b>
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>OTIS</b> Last <b>KELLY</b>		4. DATE OF DEATH Month <b>November</b> Day <b>18</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-29-1899</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Superintendent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Frank Quinlin Const.</b>	11. BIRTHPLACE (City and state or country) <b>Topeka, Kansas</b>
13a. FATHER'S NAME <b>Charles Kelly</b>		13b. MOTHER'S MAIDEN NAME <b>Millie (unknown)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>		17. INFORMANT <b>Mrs. AnnaBelle Kelly 721 W. 75th. Street</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Nephritis - Terminal Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 months</b>	
DUE TO (b) <b>Hypertension, Arteriosclerosis, C.V. Disease</b>		<b>14 years</b>	
-DUE TO (c) <b>Congestive Heart Failure</b>		<b>2 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		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 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.		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 <b>Nov 22 1949</b> to <b>Nov. 18 1963</b> and last saw him alive on <b>11-18-63</b> Death occurred at <b>11:45 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Frank B. Leitz</b> (Degree or title)		22b. ADDRESS <b>1530 N. 7th Blk. Kansas City Mo</b>	
22c. DATE SIGNED <b>11-19-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-21-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>		23e. STATE <b>Missouri</b>	
24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar</b>		25. DATE RECD. BY LOCAL REG. <b>11-19-63</b>	
ADDRESS <b>20 W. Linwood</b>		26. REGISTRAR'S SIGNATURE <b>Beaie Smith</b>	

USE BLACK INK OR TYPEWRITER RIBBON

*Dr. Frank Q. Leitz*  
*Prof. Bldg.*  
*Ra. 1-1331*

*Pres. 12:30 to 5:00*

**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 *James E. Hackleman*

Licensed Embalmer No. *4573*

P. O. Address *K.C. 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.