Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029146
STATE FILE NUMBER

FILED AUG 27 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3825

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Menorah Hospital — Length of stay in Ib 7 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 607 West 75th Street — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) Alias First CLAUDE Middle EUGENE Last KELLEY
First William Middle Walter Last Allen

4. DATE OF DEATH Month August Day 5 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]
8. DATE OF BIRTH March 18, 1915
9. AGE (In years last birthday) 43 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sign Painter-Self Employed
10b. KIND OF BUSINESS OR INDUSTRY Painting
11. BIRTHPLACE (City and state or country) Parsons, Kansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Unknown Kelley
13b. MOTHER'S MAIDEN NAME Grace Clark
14. NAME OF HUSBAND OR WIFE Helen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. 557-36-6357
17. INFORMANT Mrs. Grace Kelley Address Parsons, Kansas

MEDICAL CERTIFICATION

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 Congestion and Edema of the Lungs — INTERVAL BETWEEN ONSET AND DEATH: Post Operative
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Adenocarcinoma of the Common Bile Duct — 1551
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] 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 July 29, 1958, to August 5, 1958 and last saw him alive on August 5, 1958
Death occurred at 7:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harry Statland (Degree or title) MD
22b. ADDRESS 751 East 63rd Street, K.C., Mo.
22c. DATE SIGNED Aug. 5, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 9, 1958
23c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery
23d. LOCATION (City, town, or county) Parsons (State) Kansas

24. FUNERAL DIRECTOR D.W.Newcomer's Sons, Kansas City, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 8-9-58
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Harry Statland

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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 Chester K Brown

Licensed Embalmer No. 7931

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.