No. 300
10.48

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7245

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 6286 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Wright
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): ~~Mountain Grove, Mo.~~ Wood Twp. Rural
c. LENGTH OF STAY (In this place): 114 0 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Six Miles N.W. of Mtn Grove

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Wright
c. CITY OR TOWN (If outside corporate limits write RURAL and give township): ~~Mountain Grove, Mo.~~ Wood Twp. Rural
d. STREET ADDRESS (If rural, give location): Six miles N.W. of Mtn Grove.

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): A.
c. (Last): Kelsey

4. DATE OF DEATH (Month) Feb (Day) 25 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 13, 1873
9. AGE (In years last birthday): 76 — If under 1 year: Months 0, Days 12 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Groceryman
10b. KIND OF BUSINESS OR INDUSTRY: Retired Grocerman
11. BIRTHPLACE (State or foreign country): Mayday, Kansas
12. CITIZEN OF WHAT COUNTRY?: U. S.
13a. FATHER'S NAME: Thomas Kelsey
13b. MOTHER'S MAIDEN NAME: Sparks
14. NAME OF HUSBAND OR WIFE: Pearl Kelsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Pearl Kelsey — ADDRESS: Mountain Grove, Mo.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Incident of age

DUE TO (c) Fatty degeneration of heart

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 23, 1949, *to* Feb 25, 1949, *that I last saw the deceased alive on* Feb 24, 1949, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE F. G. Frame (Degree or title) M.D.
23b. ADDRESS Mountain Grove, Mo.
23c. DATE SIGNED 2/26/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 28, 1949
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county) (State): Mountain Grove, Mo

DATE REC'D BY LOCAL REG.: 2-26-49
REGISTRAR'S SIGNATURE: A. B. Ames. 348 0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Grable-Windle Mountain Grove, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

349-257

3-5-49

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.

Signed Frank Grable
Frank Grable
Licensed Embalmer No. 4140
P. O. Address Mountain Grove, Missouri

Signed .....
Student Embalmer

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 this body is not embalmed, fact should be so stated above.