

FILED APR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8003

State File No. _____

9210

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

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5243 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY OR TOWN <u>RURAL CHARITON</u>		c. CITY OR TOWN <u>RURAL CHARITON</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/4 mile No Glasgow</u>		<u>1/4 mile No Glasgow</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GROVER</u>	b. (Middle) <u>C.</u>	c. (Last) <u>KELSO</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 18 1950</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 19, 1885</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>COMMON LABOR</u>	11. BIRTHPLACE (State or foreign country) <u>WINSDOR MISSOURI U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>F.D. KELSO</u>	13b. MOTHER'S MAIDEN NAME <u>PHEBY J. FOSTER</u>	14. NAME OF HUSBAND OR WIFE <u>ELIZABETH CROWLEY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Geo. Kelso</u>	ADDRESS <u>Glasgow Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Throat + lungs -</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>148X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April, 1948, to Nov., 1950, that I last saw the deceased alive on Nov-18, 1950, and that death occurred at 1 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Dr. H. H. ...</u>	23b. ADDRESS <u>Glasgow, Mo.</u>	23c. DATE SIGNED <u>3-21-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>MAR. 20 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON</u>	24d. LOCATION (City, town, or county) (State) <u>GLASGOW MO.</u>
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DATE REC'D BY LOCAL REG. <u>3/21/50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Glasgow</u>
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RECEIVED *MAR 27*
District Health Office No. B,
District File Number.....
Date Filed *4-6-50*.....

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
Student Embalmer

Signed *W. J. Greenough*.....

Licensed Embalmer No. *3978*.....

P. O. Address *Glasgow, 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 this body is not embalmed, fact should be so stated above.