S. No. 300
. 10-48

THE DIVISION OF HEALTH OF MISSOURI

FILED MAY 25 1950

STANDARD CERTIFICATE OF DEATH

State File No. 17528

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5779 Registrar's No. 24

0660

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Franklin
c. LENGTH OF STAY (in this place): 17 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 mi S-E - Eldon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Franklin 0660
d. STREET ADDRESS (If rural, give location): 4 mi - S-E - Eldon

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): Hartley
c. (Last): Kersey

4. DATE OF DEATH (Month) (Day) (Year): May 14 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 21 March - 1890
9. AGE (In years last birthday): 60 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gen - Farming
11. BIRTHPLACE (State or foreign country): Higgensville - Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John - Kersey
13b. MOTHER'S MAIDEN NAME: Helen - Murphy
14. NAME OF ~~HUSBAND~~ OR WIFE: Matilda - A - Kersey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Matilda - A - Kersey — ADDRESS: Eldon - 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

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Mill
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Virus Pneumonia

INTERVAL BETWEEN ONSET AND DEATH: 260X

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
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.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): none

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* May 12, 1950, *to* May 14, 1950, *that I last saw the deceased alive on* May 14, 1950, *and that death occurred at* 5:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. O. Shelton M.D.
23b. ADDRESS: Eldon Mo
23c. DATE SIGNED: 15 May 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 17 May 1950
24c. NAME OF CEMETERY OR CREMATORY: Okmulgee - Cem
24d. LOCATION (City, town, or county) (State): Okmulgee - Okla

DATE REC'D BY LOCAL REG.: May 15, 1950
REGISTRAR'S SIGNATURE: Alverretta Walzer 19 50
25. FUNERAL DIRECTOR'S SIGNATURE: Keith M Kays — ADDRESS: Eldon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 22 1950
MILLER COUNTY HEALTH
DEPARTMENT

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 Keith M Kay

Licensed Embalmer No. 3998

P. O. Address Eldon 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.