

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

20804

State File No.

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3031a Registrar's No. 64

0551

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

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN AURORA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN AURORA	
c. LENGTH OF STAY (In this place) 3 yr.		d. STREET ADDRESS (If rural, give location) 325 E. COFIELD	
d. FULL NAME OF HOSPITAL OR INSTITUTION 325 E. COFIELD		e. STREET ADDRESS (If rural, give location) 325 E. COFIELD	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) W. c. (Last) McKELVEY			4. DATE OF DEATH (Month) (Day) (Year) JUNE 12, 1950		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED DIVORCED	
8. DATE OF BIRTH FEB. 12 1883		9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHIOPRACTOR	
11. BIRTHPLACE (State or foreign country) LEBANON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME EDWARD McKELVEY		13b. MOTHER'S MAIDEN NAME MARY SPRADLEY		14. NAME OF HUSBAND OR WIFE (DIVORCED)	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ELMA CAROL STOY TULSA, OKLA.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH At the Ventricular Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 3 years	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 June, 1947, to June 12, 1950, that I last saw the deceased alive on June 11, 1950, and that death occurred at 11 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. Avery Watson D.O.		23b. ADDRESS Des Moines Mo		23c. DATE SIGNED 6-14-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 14		24c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY		24d. LOCATION (City, town, or county) (State) 6 mi. west Mt. Vernon, Mo.	
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DATE REC'D BY LOCAL REG. JUNE 14, 1950		REGISTRAR'S SIGNATURE Orin Mc Netto		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILLIAM WOOD AURORA, MO.	
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JUL 19 1950

RECEIVED JUN 20 1950

District Health Office No. 6,

District File Number 650-705

Date Filed 6-20-50

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 _____

James D. Crafton

Licensed Embalmer No. 4668

P. O. Address AURORA, 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.