

FILED FEB 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43930

State File No.

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6115 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL 6115</u> c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL 103</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>SIKESTON RFD #3</u>		d. STREET ADDRESS (If rural, give location) <u>SIKESTON RFD #3</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MATTIE</u> b. (Middle) <u>BELLE</u> c. (Last) <u>KELSO</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-30-1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 27, 1902</u>
9. AGE (In years last birthday) <u>48</u>		# UNDER 1 YEAR Months	# UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MISS CO MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>JOE DODD</u>	
13b. MOTHER'S MAIDEN NAME <u>GEORGIANN JONES</u>		14. NAME OF HUSBAND OR WIFE <u>CLAUDE KELSO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Claude Kelso Sikeston R#3</u>		ADDRESS <u>Sikeston R#3</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the lung</u> ANTECEDENT CAUSES Morbidity 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* Conditions contributing to the death but not related to the disease or condition causing death. <u>163x</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-8</u> , 19 <u>50</u> , to <u>6-13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-13</u> , 19 <u>50</u> , and that death occurred at <u>2:00 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Howard O. McClure M.D.</u>		23b. ADDRESS <u>Sikeston, Mo</u>	
23c. DATE SIGNED <u>1-3-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>12-31-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MATTHEWS</u>	
24d. LOCATION (City, town, or county) (State) <u>MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Funeral Home Sikeston Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 23 51</u>		REGISTRAR'S SIGNATURE <u>Wm. E. Hunter</u>	
ADDRESS <u>Sikeston Mo</u>		ADDRESS <u>Walter Funeral Home Sikeston Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 29 1951  
SCOTT COUNTY HEALTH CENTER  
CO. FILE NO. 151-31

FEB 11 1951

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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.

Signed Raymond Crews

Signed.....  
Student Embalmer

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.