

FILED MAR 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 7802

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u> b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Clarksburg</u> c. LENGTH OF STAY (in this place) <u>2 days</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Chambers Nursing Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dedrick</u> d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Matilda</u> b. (Middle) <u>Stockton</u> c. (Last) <u>Kelsay</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>24</u> (Year) <u>1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 31, 1862</u>		9. AGE (In years last birthday) <u>88</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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>None</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Michael W. Kelsay</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lela Hamilton</u>		18. ADDRESS <u>Clarksburg</u>		19. MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 wks.</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>Fracture, left hip.</u> 4222 F	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ (Minute) _____	
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>23 Feb</u> , 1951, to <u>24 Feb</u> , 1951, that I last saw the deceased alive on <u>24 Feb</u> , 1951, and that death occurred at <u>10:00 A.M.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>J. H. Hill</u> (Degree or title) <u>MSO</u>	
23b. ADDRESS <u>Clarksburg</u>		23c. DATE SIGNED <u>26 Feb 1951</u>		24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>26 Feb 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>W. H. Chapel Cemetery</u>		24d. LOCATION (City, town, or county) <u>Vernon Co. Mo.</u>		24e. DATE REC'D BY LOCAL REG. <u>FEB. 26, 1951</u>		24f. REGISTRAR'S SIGNATURE <u>W. H. Hill</u>	
24g. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hill</u>		24h. ADDRESS <u>Clarksburg</u>		24i. STATE <u>Mo.</u>		24j. (Licensed Embalmer's Statement on Reverse Side)	

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 13 1954

Dist. File 351-353

Date Filed 3-12-54

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Max W. Diakering

Licensed Embalmer No. 4696

P. O. Address El Dorado Springs

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.