

39238

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10418

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10418**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town)		c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location)	
c. LENGTH OF STAY (In this place)		Missouri		Cape Girardeau	
d. FULL NAME OF HOSPITAL OR INSTITUTION		Cape Girardeau		Box 406	
Missouri Pacific Hospital					
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		5. SEX	
a. (First)		(Month) (Day) (Year)		M	
b. (Middle)		11 21 51		W	
c. (Last)				6. COLOR OR RACE	
ISAAC				W	
R				7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
KELSO				Married	
8. DATE OF BIRTH		9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY	
Sept. 13, 1971		80		Lawyer	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME	
Caloway Co., Mo.		U.S.		James W. Kelso	
				13b. MOTHER'S MAIDEN NAME	
				Virginia Rodgers	
				14. NAME OF HUSBAND OR WIFE	
				Nellye	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
No		None		Nellye Kelso, Cape Girardeau, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ESOPHAGEAL HEMORRHAGE		3 WKS	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		MANY YEARS	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		POLYCYTHEMIA VERA			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
				294X	
22. I hereby certify that I attended the deceased from <u>Nov. 1, 1950</u> , to <u>Nov. 21, 1951</u> , that I last saw the deceased alive on <u>Nov. 21, 1951</u> , and that death occurred at <u>5:40 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
Nelle R. Harrison M.D.		607 No GRAND ST. LOUIS		11-22-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
Removal		11-22-51		Elmwood	
24d. LOCATION (City; town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE		24f. ADDRESS	
Mexico, Mo.		Albert H. Hoppe		4700 Washington Blvd.	
DATE REC'D BY LOCAL REG. 23 1951		REGISTRAR'S SIGNATURE			
		J. Carl Smith M.D. & P.			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

John J. Harris
.....
Licensed Embalmer No. 4108

Signed.....
Student Embalmer

P. O. Address.....

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.