

No. 300
10.48

XC-1208 245

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43640**

REG. # **08407**
DEC 20 1951

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| BIRTH NO. _____ | | REG. DIST. NO. 3.7 | | PRIMARY REG. DIST. NO. 696 | | Registrar's No. 3954 | | |
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 0950 | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BRKS., MO. | | c. LENGTH OF STAY (in this place) 13 days | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CROCKER | | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL | | | | d. STREET ADDRESS (If rural, give location) _____ | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) CLAUS | | | b. (Middle) E. | | c. (Last) KELSO | | 4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 11, 1951 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH 10/29/94 | | 9. AGE (In years last birthday) 57 | 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 _____ | | 11. BIRTHPLACE (State or foreign country) CROCKER, MO. | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME JOE KELSO | | | 13b. MOTHER'S MAIDEN NAME ROSE HAYNES | | 14. NAME OF HUSBAND OR WIFE EMMA KELSO | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1 | | 16. SOCIAL SECURITY NO. UNKNOWN | | 17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS., 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) LAENNECS CIRRHOSIS ANTECEDENT CAUSES 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. | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input checked="" 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) 5811 | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA | | 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 11-28-51 , 19____, to 12-11-51 , 19____, that I last saw the deceased XXXXXX and that death occurred at 8:30P m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) E.C. O'BRIEN M.D. | | | | 23b. ADDRESS VA HOSPITAL, JEFF. BRKS, MO. | | 23c. DATE SIGNED 12-12-51 | | |
| 24a. NAME OF CEMETERY OR CREMATORY CROCKER CEMETERY | | 24b. LOCATION (City, town, or county) (State) CROCKER, MISSOURI | | | | | | |
| DATE REC'D BY LOCAL REG. 12-12-51 | | REGISTRAR'S SIGNATURE Herbert P. Somke | | 25. FUNERAL DIRECTOR'S SIGNATURE HEDGES FUNERAL HOME, CROCKER, MO. | | | | |

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer _____

Signed _____

Licensed Embalmer No. _____

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.