

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **27528**
 Registrar's No. **214**

FILED SEP 6 - 1952

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

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

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller					
b. CITY OR TOWN Jefferson-City		c. LENGTH OF STAY (in this place) 3 days		c. CITY OR TOWN Eldon		0661			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST-MARYS - Hospital				d. STREET ADDRESS (If rural, give location) 133-W-7th 1					
3. NAME OF DECEASED (Type or Print) LORA- B. KELSAY			4. DATE OF DEATH (Month) Sept (Day) 1 (Year) 1952						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 18 MARCH 1881			
9. AGE (In years last birthday) 71		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER-		10b. KIND OF BUSINESS OR INDUSTRY Gen-Farming		11. BIRTHPLACE (State or foreign country) Miller-Co MO			
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME HERMAN-KELSAY		13b. MOTHER'S MAIDEN NAME NANCY-SWANSON		14. NAME OF HUSBAND OR WIFE LENA-KELSAY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME LENA-KELSAY		ADDRESS ELDON 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, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma (Hypertrophic) of the liver				INTERVAL BETWEEN ONSET AND DEATH	
				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. Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				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.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None		5810			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR None					
22. I hereby certify that I attended the deceased from Aug 1, 1952 , to Sept 1, 1952 , that I last saw the deceased alive on Aug 31, 1952 , and that death occurred at 9:15 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE R. Garrison MD (Degree or title)				23b. ADDRESS Jeff. City - Mo		23c. DATE SIGNED 9-2-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3 Sept 52		24c. NAME OF CEMETERY OR CREMATORY Dooley-		24d. LOCATION (City, town, or county) (State) Miller-Co - Mo			
DATE REC'D BY LOCAL REG. Sept 2-1952		REGISTRAR'S SIGNATURE R. P. Narris MD-MR		25. FUNERAL DIRECTOR'S SIGNATURE Keith McKay		ADDRESS ELDON MO			

(Licensed Embalmer's Statement on Reverse Side)

SEP 23 1952

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 *Frederick M. Page* _____

Licensed Embalmer No. *3998* _____

P. O. Address *Eldon 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.