

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. P. S. Picken
State File No. 34691

DATE OF DEATH **OCT 20 1952** BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 916

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD		c. LENGTH OF STAY (In this place) X	
c. CITY (If outside corporate limits, write RURAL and give township) ROUTE #1, ASH GROVE		d. STREET ADDRESS (If rural, give location) 0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. BAPTIST HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) LESTER		b. (Middle) D.		c. (Last) KELSO		4. DATE OF DEATH (Month) (Day) (Year) OCT. 9, 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH May 11, 1892	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 MIN. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FATHER				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) WILLARD, MISSOURI	
						12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME JACOB KELSO		13b. MOTHER'S MAIDEN NAME MARGARET GILMORE		14. NAME OF HUSBAND OR WIFE SUSIE KELSO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. SUSIE KELSO ASH GROVE, 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) Fractured skull, concussion and		sudden	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
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 039	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, factory, garage, street, office, etc.) W. highway on pass		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield, Greene Mo.	
21d. TIME OF INJURY 10-9-52 9:10 Pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Two car auto accident.	

22. I hereby certify that I attended the deceased from _____ to _____, that I last saw the deceased alive on _____, and that death occurred at **9:30p m.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Dr. P. S. Picken, Coroner		23b. ADDRESS 407 Medical Arts Bldg.		23c. DATE SIGNED 10-11-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10/12/52		24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY	
				24d. LOCATION (City, town, or county) (State) WALNUT, GROVE, MO.	

DATE REC'D BY LOCAL REG. 10-13-52		REGISTRAR'S SIGNATURE Death Williams Registrar		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER FUNERAL HOME, SPRINGFIELD	
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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.

Student
Student Embalmer

Signed *Levin L. Swadley*

Licensed Embalmer No. 4875

P. O. Address *St. Louis*

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.