

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **13328**

FILED MAY 4 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **484**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clinton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Cameron 1251</b>	
c. LENGTH OF STAY (in this place) <b>3 days</b>		d. STREET ADDRESS (If rural, give location) <b>605 W. 3rd St. 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Methodist Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Dana</b> b. (Middle) _____ c. (Last) <b>Kellam</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-23-1953</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>FEB. 26-1890</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PRINTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>News paper</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>LATA 1906 MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
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13a. FATHER'S NAME <b>W. E. Kellam</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA SHRIVER</b>		14. NAME OF HUSBAND OR WIFE <b>HELEN E. KELLAM</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-07-1794</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Helen E. Kellam</b>		ADDRESS <b>Cameron Mo</b>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **4-21** 19**53** to **4-22** 19**53**, that I last saw the deceased alive on **4-21** 19**53**, and that death occurred at **6:45 A.M.**, from the causes and on the date stated above.

22a. SIGNATURE <b>H. W. Carl</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>706 Francis St. Joseph, Mo</b>	23c. DATE SIGNED <b>4-27-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4-26-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Graceland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>CAMERON, MO</b>
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DATE REC'D BY LOCAL REG. <b>April 28, 1953</b>	REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>	4852	25. FUNERAL DIRECTOR'S SIGNATURE <b>De Moss</b>	ADDRESS <b>CRUNK CAMERON, MO</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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

*James Beunk*

Licensed Embalmer No. 2533

P. O. Address Camden 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.