

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22228

FILED JUN 27 1953

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 9-53

1. PLACE OF DEATH a. COUNTY <i>Miller</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>MILLER</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Tuscombria</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Iberia Rural Richwoods</i>	
c. LENGTH OF STAY (In this place) <i>15 HRS.</i>		d. STREET ADDRESS (If rural, give location) <i>0600</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Humphrey's Hospital</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Baby</i>	b. (Middle)	c. (Last) <i>Kelsay</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>JUNE 22, 1953</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>NEVER MARRIED</i>	8. DATE OF BIRTH <i>June 20, 1953</i>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <i>0 15</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>0</i>
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13a. FATHER'S NAME <i>John Willard Kelsay</i>	13b. MOTHER'S MAIDEN NAME <i>Carolyn Zeta Penning</i>	14. NAME OF HUSBAND OR WIFE <i>NONE</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>John Kelsay Iberia, Missouri</i>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>RESPIRATORY FAILURE</i>		INTERVAL BETWEEN ONSET AND DEATH <i>15 HRS.</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>POSSIBLE CEREBRAL DAMAGE</i>		
	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 <i>7600</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 *6-21*, 19*53*, to *6-22*, 19*53*, that I last saw the deceased alive on *6-22*, 19*53*, and that death occurred at *1:25A* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>L. S. Humphrey, D.O.</i>	23b. ADDRESS <i>Tuscombria, Mo.</i>	23c. DATE SIGNED <i>6-22-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>6/24/53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Hickory Point</i>	24d. LOCATION (City, town, or county) (State) <i>Miller County Missouri</i>
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DATE REC'D BY LOCAL REG. <i>June 22, 1953</i>	REGISTRAR'S SIGNATURE <i>Mrs. Richard L. Wright</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Walter P. Hedger Herid Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300 10. 28 660 0 WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

12-1-53

JUN 26 1953

MILLER COUNTY HEALTH
DEPARTMENT

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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Terrell, Miss

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.