

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28322

State File No.

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 807

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Springfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1027 Seminole</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DENZIL</u>	b. (Middle) <u>HUGH</u>	c. (Last) <u>KELSO</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 23, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 18, 1919</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Taxicab</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Solon Kelso</u>	13b. MOTHER'S MAIDEN NAME <u>Flossie Carter</u>	14. NAME OF HUSBAND OR WIFE <u>Dottie Kelso</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dottie Kelso</u>	ADDRESS <u>Springfield, Mo.,</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Pulmonary tuberculosis, for advanced, active.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 years.</u>
	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. <u>Psychosis, toxic.</u>		1 week.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>002X</u>	20. AUTOPSY? YES <input checked="" 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 Feb. 1949, to Aug. 23, 1953, that I last saw the deceased alive on Aug. 23, 1953, and that death occurred at 3:57 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Blern O. T. ... M. D.</u>	23b. ADDRESS <u>Springfield, Missouri</u>	23c. DATE SIGNED <u>8/24/1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/26/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8/25/53</u>	REGISTRAR'S SIGNATURE <u>Edith Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>AYRE-GOODWIN</u>	ADDRESS <u>Springfield, Mo.,</u>
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623 West Walnut
 SPRINGFIELD, MISSOURI
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 THIS COPY WITH FUNERAL SERVICE

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4594.....

P. O. Address Springfield,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.