

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36558**

FILED NOV 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>5179</u>		Registrar's No. <u>53</u>		
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u> <u>0660</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Franklin Township</u>				d. STREET ADDRESS (If rural, give location) <u>Franklin Township</u> <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HUBERT</u> b. (Middle) <u>ORLANDO</u> c. (Last) <u>KELSAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2 1953</u>					
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>May 9, 1889</u>		
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Engineer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>CRI &amp; P</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Miller Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jasper J. Kelsay</u>			13b. MOTHER'S MAIDEN NAME <u>Permelia Ann Stark</u>			14. NAME OF HUSBAND OR WIFE <u>Lena Wood Kelsay</u>		
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>708-18-7739</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Kelsay</u> ADDRESS <u>Lincoln, Neb.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe Compression injury to thorox</u> <u>Accidental upset of tractor (Backwards)</u> ANTECEDENT CAUSES <u>Compressing operators thorox</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <u>between steering wheel and ground.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E9121</u> <u>3</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Miller</u> <u>066</u> <u>Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 2 1953 4:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Was pulling log with tractor and it turned over backwards.</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:00 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Name or title) <u>L. S. Humphrey, D.O., Coroner</u>				23b. ADDRESS <u>Tuscumbia, Missouri</u>		23c. DATE SIGNED <u>11-6-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 5, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>		24d. LOCATION (City, town, or county) (State) <u>Eldon</u> <u>Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 6, 1953</u>		REGISTRAR'S SIGNATURE <u>Adelveretta Walt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u>		ADDRESS <u>Eldon</u>		

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

RECEIVED

NOV 12 1953

NOV 16 1953

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 *Louis H. Higgins*

Licensed Embalmer No. *2668*

P. O. Address *Calhoun*

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.