e. 300
0.48

0

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1128

State File No.

BIRTH NO. FILED APR 12 1954 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia Mo.
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ellis Fischel State Cancer Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Grundy 402
c. CITY OR TOWN: Trenton
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ] 1
e. STREET ADDRESS (If rural, give location): 517 W 13th ST

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Wilmer
c. (Last): Kelsall

4. DATE OF DEATH (Month) (Day) (Year): 4 7 54

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 12-30-78
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 3, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Glenwood Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: William Madison Kelsall
13b. MOTHER'S MAIDEN NAME: Martha Wilson
14. NAME OF HUSBAND OR WIFE: Lois E Kelsall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: A1286 84
17. INFORMANT'S SIGNATURE OR NAME: Hospital record
ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PERITONITIS, LOCALISED — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 1. BILIARY & PANCREATIC FISTULA — 3 days
DUE TO (c) 2. SEC. TO SUBTOTAL GASTRIC RESECTION — 6 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. LOWER URINARY TRACT OBSTRUCTION B.P.H

19a. DATE OF OPERATION: 4-1-54
19b. MAJOR FINDINGS OF OPERATION: DUODENAL ULCER - PENTRATING PANCREAS 5411
20. AUTOPSY? YES [X] NO [ ]

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):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/19, 1954, *to* 4/7, 1954, *that I last saw the deceased alive on* 4/6, 1954, *and that death occurred at* 1:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: ELLIS FISCHEL STATE CANCER
23c. DATE SIGNED: 4/7/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/7/54
24c. NAME OF CEMETERY OR CREMATORY: Maple Grove
LOCATION (City, town, or county) (State): Trenton, Mo.

DATE REC'D BY LOCAL REG.: Apr 7 1954
REGISTRAR'S SIGNATURE: Mrs R E Palmer 310
25. FUNERAL DIRECTOR'S SIGNATURE: [signature]
ADDRESS: Columbia Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 17 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lyman W. Sfrunk

Licensed Embalmer No. 40

P. O. Address Column

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.