

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31933

FILED SEP 16 1954

State File No.

BIRTH NO. 45854-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7761

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|----------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>Clinton</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>few hours</u> | | STREET ADDRESS (If rural, give location) <u>Rural Route #5</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Douglas</u> b. (Middle) <u>Howard</u> c. (Last) <u>Kelce</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1954</u> | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | |
| 8. DATE OF BIRTH <u>July 7, 1954</u> | | 9. AGE (In years last birthday) <u>0</u> | | 10. IF UNDER 1 YEAR Months <u>0</u> Days <u>22</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Moberly, Missouri</u> | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |

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|----------------------------------------|--|------------------------------------------------------|--|-----------------------------------------|--|
| 13a. FATHER'S NAME <u>Herman Kelce</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dorothy Nell Howard</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Herman Kelce; RR#5; Clinton, Missouri</u> | |
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| 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>Acute Congestive Heart failure</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Bronchiolitis</u> | | <u>15 days</u> | |
| | | DUE TO (c) <u>Congenital large heart</u> | | <u>22 days</u> | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) | | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>7544</u> | |
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22. I hereby certify that I attended the deceased from July 19, 1954, to July 30, 1954, that I last saw the deceased alive on July 30, 1954, and that death occurred at 2:25 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>D. Johnston M.D.</u> (Describe or title) | | 23b. ADDRESS <u>322 1/2 W. Reed St. Moberly, Mo.</u> | | 23c. DATE SIGNED <u>8/13/54</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>July 31, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u> | |

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| DATE REC'D BY LOCAL REG. <u>AUG 23 1954</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. B. Patton & Sons, Huntsville, Mo.</u> | |
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S.A. (Licensed Embalmer's Statement on Reverse Side)

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

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..... *Paul J. Patton*

Licensed Embalmer No. *409*

P. O. Address *Huntville*

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.