

FILED DEC 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38092

BIRTH NO. _____		REG. DIST. NO. <u>227</u>		PRIMARY REG. DIST. NO. <u>4343</u>		Registrar's No. <u>68</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Florence Mo</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Florence Mo</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Oberia</u>		b. (Middle) <u>Florence</u>		c. (Last) <u>Kelsick</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>12-3-54</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-23-1875</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>New Florence Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Martin Booher</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Millart</u>		14. NAME OF HUSBAND OR WIFE <u>Harvey Kelsick</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harvey Kelsick</u> ADDRESS <u>New Florence Mo</u>			
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)		MEDICAL CERTIFICATION <u>BRONCHIAL PNEUMONIA</u>		INTERVAL BETWEEN DEATH AND DEATH	
		ANTECEDENT CAUSES		DUE TO (b) <u>GENERAL HYPERTENSION</u>		<u>3 days</u>	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Chronic myocarditis</u>		<u>5 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		<u>4222</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 3, 1952</u> , to <u>Dec 3, 1954</u> , that I last saw the deceased alive on <u>Dec 3, 1954</u> , and that death occurred at <u>10 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James O. Nelson M.D.</u>		23b. ADDRESS <u>New Florence Mo</u>		23c. DATE SIGNED <u>12-6-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12-5-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW FLORENCE</u>		24d. LOCATION (City, town, or county) (State) <u>NEW FLORENCE MO</u>	
DATE REC'D BY LOCAL REG. <u>12-6-54</u>		REGISTRAR'S SIGNATURE <u>James O. Nelson M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>MONTGOMERY CITY MO</u>			



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, OKy on the 3
day of Dec 1954..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *W. H. Perkins*.....
Licensed Embalmer No. I487.....

P. O. Address Montgomery City Mo.....

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.