

No. 300
10.48

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5480

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bedford Twp.		c. LENGTH OF STAY (In this place) 2 Days	c. CITY OR TOWN Bowling Green
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp.		STREET ADDRESS (If rural, give location) No street address	

3. NAME OF DECEASED (Type or Print)	a. (First) Levi	b. (Middle) Leroy	c. (Last) Kelch	4. DATE OF DEATH (Month) (Day) (Year) March 7, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 28, 1867	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (City and State or Foreign Country) Lincoln County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas P. Kelch	13b. MOTHER'S MAIDEN NAME Rebecca Moore	14. NAME OF HUSBAND OR WIFE Mary Koester Kelch
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Leslie Kelch Troy, Missouri.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH one hour.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arrest		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) post surgical shock DUE TO (c) Trauma of injury + surgery		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis - advanced			

19a. DATE OF OPERATION 3-7-55	19b. MAJOR FINDINGS OF OPERATION Subtrochanteric fracture left femur.	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) 109
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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 **8-5**, 1955, to **3-7**, 1955, that I last saw the deceased alive on **2-7**, 1955, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

22a. SIGNATURE Addison Humber	(D. Prose or title)	22b. ADDRESS Troy, Mo.	22c. DATE SIGNED 3-7-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/10/55	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St Charles, Missouri
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DATE REC'D BY LOCAL REG. 3-15-55	REGISTRAR'S SIGNATURE Chas. A. Bridger	25. FUNERAL DIRECTOR'S SIGNATURE Kemper Funeral Home Troy, Missouri	ADDRESS.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

100-20001

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Joseph J. Marsh
Licensed Embalmer No... 3932

P. O. Address Troy, Misso

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