

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8895

State File No. ....  
Registrar's No. .... 19

FILED APR 15 1955

BIRTH NO. .... REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 5795

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY OR TOWN <u>Russell Pilot Grove Town. Lifeville</u>		c. CITY OR TOWN <u>Latham</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 M. S. C. Latham, Mo.</u>		F. STREET ADDRESS (If rural, give location) <u>4 M. S. C. Latham, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rube</u> b. (Middle) <u>Kelsay</u> c. (Last) <u>Kelsay</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 9, 1955</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>Nov. 29, 1873</u>	9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR: Months <u>4</u> Days <u>10</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Moniteau Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James J. Kelsay</u> 13b. MOTHER'S MAIDEN NAME <u>Lucinda Hale</u> 14. NAME OF HUSBAND OR WIFE <u>Jennie Kelsay</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (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 Jennie Kelsay Latham, Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		II. OTHER SIGNIFICANT CONDITIONS		<u>1/2 hour</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		<u>10 years</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Generalized Arteriosclerosis</u>			
		DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) (Min.)		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 Feb 3, 1948, to April 9, 1955, that I last saw the deceased alive on April 7, 1955, and that death occurred at 12A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Remyon Latham M.D.</u>		23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>4-11-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11 Apr. 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Moniteau Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>St. F. Leuch</u>		ADDRESS <u>Versailles, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-15-55</u>		REGISTRAR'S SIGNATURE <u>Walter H. Bridges</u>			

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

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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 *Raymond C. Gordon*

Licensed Embalmer No. *462*

P. O. Address *Wesley*

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.