

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10722**

BIRTH NO. _____ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 4505 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY STODDARD,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI, b. COUNTY STODDARD,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BELL CITY,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BELL CITY,	
c. LENGTH OF STAY (In this place) 45 years		d. STREET ADDRESS (If rural, give location) Bell City, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shetley Nursing Home,		1030	

3. NAME OF DECEASED (Type or Print)	a. (First) Laura	b. (Middle) Ann	c. (Last) Kelso,	4. DATE OF DEATH (Month) (Day) (Year) 2-26-55
-------------------------------------	-------------------------	------------------------	-------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed,	8. DATE OF BIRTH 2-8-1870	9. AGE (In years last birthday) 85	# UNDER 1 YEAR (Days) 18	# UNDER 24 HRS. (Hours) 18	# UNDER 24 HRS. (Mins.) 18
----------------------	-------------------------------	--	----------------------------------	---	---------------------------------	-----------------------------------	-----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work,	10b. KIND OF BUSINESS OR INDUSTRY House Work,	11. BIRTHPLACE (City and State or Foreign Country) Hamaliton Ill,	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	--

13a. FATHER'S NAME John Vickers,	13b. MOTHER'S MAIDEN NAME Jane Norris,	14. NAME OF HUSBAND OR WIFE James Kelso,
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None,	17. INFORMANT'S SIGNATURE OR NAME Mrs Jessie Foster, Bell City, Mo.	ADDRESS Bell City, Mo.
---	--------------------------------------	--	-------------------------------

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 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Condition		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. pneumonia.		
DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 493 X	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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	---	----------------------------------

22. I hereby certify that I attended the deceased from **Feb 21, 1955,** to **26th,** 19**55**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Wm. Danville Selts, MD	(Degree or Title) _____	23b. ADDRESS _____	23c. DATE SIGNED Feb. 26, 1955
--	-------------------------	--------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-1th-55	24c. NAME OF CEMETERY OR CREMATORY Plasent Grove Cemeetry Bell City, Mo.	24d. LOCATION (City, town, or county) (State) _____
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. Mar 4, 1955	REGISTRAR'S SIGNATURE Service Moore	25. FUNERAL DIRECTOR'S SIGNATURE 3600 Coy Shetley, Bell City, Mo.	ADDRESS _____
---	--	--	---------------

(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
Student Embalmer

Signed

Charles E. Mungler

Licensed Embalmer No.

4877

P. O. Address

Cape Girardeau,

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.