No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22916

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 28

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

1. PLACE OF DEATH
a. COUNTY Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eldon
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 516 W. North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Miller
c. CITY OR TOWN Eldon
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 516 W. North

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3. NAME OF DECEASED (Type or Print) a. (First) ROSETTA b. (Middle) ALICE c. (Last) KELSAY

4. DATE OF DEATH (Month) (Day) (Year) July 6 1955

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 22, 1866
9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME Adolphos Jones
13b. MOTHER'S MAIDEN NAME Bethabra Dobson
14. NAME OF HUSBAND OR WIFE ~~[illegible]~~ Byrd Kelsay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. J. A. Koenig Sr. ADDRESS Eldon

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis & Hypertension
DUE TO (c) 331X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 5, 1955, *to* July 6, 1955, *that I last saw the deceased alive on* July 5, 1955, *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE E. O'Shelton (Degree or title) MD
23b. ADDRESS Eldon Mo
23c. DATE SIGNED July 8 55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 8, 1955
24c. NAME OF CEMETERY OR CREMATORY Eldon
24d. LOCATION (City, town, or county) (State) Eldon, Mo.

DATE REC'D BY LOCAL REG. July 8, 1955
REGISTRAR'S SIGNATURE 192 [illegible] Verretta Walt
25. FUNERAL DIRECTOR'S SIGNATURE Louis D. Phillips ADDRESS Eldon

(Licensed Embalmer's Statement on Reverse Side)

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, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 36

P. O. Address.....

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.