

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9753**

FILED NOV 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY                                    |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b><br>b. COUNTY |   |
| b. CITY OR TOWN <b>St. Louis</b>                                  | c. LENGTH OF STAY (in this place) <b>6-hrs.</b> | c. CITY OR TOWN <b>St. Louis</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Park Lane Hospital</b> |   | e. STREET ADDRESS (If rural, give location) <b>12 4723 Delmar Blvd. 21290</b>  |   |

|                                     |                          |                       |                         |   |
|-------------------------------------|--------------------------|-----------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>Thomas</b> | b. (Middle) <b>C.</b> | c. (Last) <b>Kelsey</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 7, 1955</b> |
|-------------------------------------|--------------------------|-----------------------|-------------------------|---|

|                  |                            |  |                                       |   |   |  |
|------------------|----------------------------|--|---------------------------------------|---|---|--|
| 5. SEX <b>M.</b> | 6. COLOR OR RACE <b>W.</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W.</b> | 8. DATE OF BIRTH <b>Dec. 17, 1874</b> | 9. AGE (In years last birthday) <b>80</b> | IF UNDER 1 YEAR Months <b>10</b> Days <b>20</b> | IF UNDER 4 HRS. Hours <b></b> Min. <b></b> |
|------------------|----------------------------|--|---------------------------------------|---|---|--|

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

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|--|--|---|
| 13a. FATHER'S NAME <b>Unknown Kelsey</b> | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE <b>Olive Kelsey</b> |
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|--|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b> | 16. SOCIAL SECURITY NO. <b>none</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Maude V. Brown, 4723 Delmar Blvd.</b> |
|--|-------------------------------------|---|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>   |  | <b>1-1-1-1</b>                   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><b>Hypertension</b><br>DUE TO (b)<br><b></b><br>DUE TO (c) |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |                                  |

|                        |   |  |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>443 X</b> | 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 checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|---|----------------------------|

22. I hereby certify that I attended the deceased from **Jan 15, 1955**, to **11-7-1955**, that I last saw the deceased alive on **11-5-1955**, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

|   |                                |                                 |
|---|--------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <b>Myrtle G. Lane M.D.</b> | 23b. ADDRESS <b>716 Walton</b> | 23c. DATE SIGNED <b>11-8-55</b> |
|---|--------------------------------|---------------------------------|

|  |                               |   |   |
|--|-------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>Nov. 9, 1955</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Hiawatha Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Hiawatha, Kansas</b> |
|--|-------------------------------|---|---|

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REG. <b>NOV 8 1955</b> | REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. Donnelly 3840 Lindell Blvd.</b> |
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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 *Francis Williamson*.....

Licensed Embalmer No. *350*.....

P. O. Address *3840 Lincoln*.....

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.