

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. **9835**
 Registrar's No. **26**

BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 4322		REGISTRAR'S NO. 26			
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer					
b. CITY (If outside corporate limits, write RURAL and give town) Princeton		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Princeton		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 Axtell Hospital				STREET ADDRESS (If rural, give location) 0650					
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) R. c. (Last) Kelso			4. DATE OF DEATH (Month) (Day) (Year) April 1, 1956						
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 12, 1867		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Hamilton, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Fletcher Kelso		13b. MOTHER'S MAIDEN NAME Mary Switzer		14. NAME OF HUSBAND OR WIFE Esther Kelso					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Esther Kelso Princeton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION f. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) chronic myocarditis ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 min. 8 yrs. 8 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4261				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 3-10-55 , 19____, to 4-1-56 , 19____, that I last saw the deceased alive on 4-1-56 , 19____, and that death occurred at 6:30Pm. , from the causes and on the date stated above.									
23a. SIGNATURE Evon J. Axtell M.D. (Name or Title)				23b. ADDRESS Princeton Missouri,		23c. DATE SIGNED 4-3-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-3-56		24c. NAME OF CEMETERY OR CREMATORY Masonic Em		24d. LOCATION (City, town, or county) (State) Spickard, Mo.			
DATE REC'D BY LOCAL REG. 4-6-56		REGISTRAR'S SIGNATURE Paul Mann		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Martin Funeral Home Princeton, Mo.					

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..... *John Martin*

Licensed Embalmer No. *37.6*

P. O. Address *Princeton*

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