

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 State File No. **15674**

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5125** Registrar's No. **547**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <b>Rural Center Twp.</b>		c. LENGTH OF STAY (in this place) <b>Life</b>	c. CITY OR TOWN <b>St. Joseph</b>		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 <b>3mi. So. City 1/2 mi. West hwy 71</b>			e. STREET ADDRESS (If rural, give location) <b>Same as 1 d</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY X HENRY</b> b. (Middle) <b>T.</b> c. (Last) <b>KELSEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 16, 1956</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Mar. 7, 1886</b>		9. AGE (In years last birthday) <b>70</b> 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) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Kelse Orchard</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Buchanan County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Henry T. Kelsey</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Moore</b>		14. NAME OF HUSBAND OR WIFE <b>Alice E. Kelsey</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Alice E. Kelsey, RR #4, St. Joseph, Mo.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral hemorrhages</b> DUE TO (c) <b>Hypertensive arteriosclerotic cardiovascular disease</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>paraplegic to neck</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 da.</b> <b>12 yrs.</b> <b>1 yr.</b> <b>1 yr.</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>443x</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) (m.)		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 <b>9-25, 1954</b> , to <b>5-15, 1956</b> , that I last saw the deceased alive on <b>5-15, 1956</b> , and that death occurred at <b>9:40A.</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Dr. Grant M. D.</b>			23b. ADDRESS <b>St. Joseph, Mo.</b>		23c. DATE SIGNED <b>5-19-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>5/18/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Mora Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>May 22, 1956</b>	REGISTRAR'S SIGNATURE <b>Cather M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Horton - Bowman, St. Joseph, Mo.</b>		

*W. Grant*

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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 *William Spalding*.....

Licensed Embalmer No. *4530*

P. O. Address *295 1st St.*

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.