

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30160**

FILED OCT 11 1956

BIRTH NO. _____ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give town) EXCELSIOR SPRINGS		c. LENGTH OF STAY (in this place) 10 yrs	d. Is Residence within limits of a city or incorporated town? Yes No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ELMS HOTEL		STREET ADDRESS (If rural, give location) ELMS BLVD.	

3. NAME OF DECEASED (Type or Print) CAROLINE E. KELSO			4. DATE OF DEATH (Month) (Day) (Year) AUG. 21, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 6, 1860	9. AGE (In years last birthday) 96	IF UNDER 1 YEAR Days 7 Hours 15 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY XXXXXX	11. BIRTHPLACE (City and State or Foreign Country) Bloomington, Indiana		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME George Bollenbacher		13b. MOTHER'S MAIDEN NAME Margaret Shawver		14. NAME OF HUSBAND OR WIFE Oscar Lynn Kelso (deceased)	
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. Winnifred K. Hewitt, Ex. Spgs.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Lesion		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) aqc96. Cardiac insufficiency			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. edema			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 4214	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **1936**, to **Aug 21, 1956**, 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 John H. Hewitt M.D. (Degree or title)		23b. ADDRESS Excelsior Springs, Mo		23c. DATE SIGNED Aug 21st	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE AUG. 25/56		24c. NAME OF EMERALD OR CREMATORY D.W. Newcomers Sons	
DATE REC'D BY LOCAL REG. 10-9-56		REGISTRAR'S SIGNATURE Hyde A. Bridges		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Virgil Hope Ex. Spgs. MO	

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.....
Signature of Student Embalmer

Signed *James A. Moles*

Licensed Embalmer No. *329*

P. O. Address *Eg. Spring*

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.