

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34836**
Registrar's No. **63**

FILED OCT 30 1956

REG. DIST. **231**
229

PRIMARY REG. DIST. NO. **4343**

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

BIRTH NO. _____		REG. DIST. 231 229		PRIMARY REG. DIST. NO. 4343		Registrar's No. 63	
1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Florence Mo		c. LENGTH OF STAY (in this place) 30 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Florence Mo		d. STREET ADDRESS (If rural, give location) 0700	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Orvey c. (Last) Kelsick				4. DATE OF DEATH (Month) (Day) (Year) Oct 19 th 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married		8. DATE OF BIRTH Sept 7- 1877	
9. AGE (10 years last birthday) 79		IF UNDER 1 YEAR Months 79		IF UNDER 1 YEAR Days 79		IF UNDER 1 YEAR Hours 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Callaway County Mo	
12. CITIZEN OF WHAT COUNTRY? U. S. A				13a. FATHER'S NAME John B. Kelsick		13b. MOTHER'S MAIDEN NAME Precy Pate	
14. NAME OF HUSBAND OR WIFE Single				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			
16. SOCIAL SECURITY NO. no				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harvey Kelsick-- New Florence 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Carcinoma DUE TO (c) Primary Carcinoma Rt. Breast				INTERVAL BETWEEN ONSET AND DEATH 2 day 8 Mo 2 yr.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 170x	
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 4-1 , 19 57 , to 10-19 , 19 56 , that I last saw the deceased alive on 10-18 , 19 56 , and that death occurred at 7 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James O. Helm MD				23b. ADDRESS New Florence Mo.		23c. DATE SIGNED 10-20-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-21-1956		24c. NAME OF CEMETERY OR CREMATORY NEW FLORENCE CEMETERY		24d. LOCATION (City, town, or county) (State) NEW FLORENCE MO	
DATE REC'D BY LOCAL REG. 10/22/1956		REGISTRAR'S SIGNATURE Laura B. Callaway		25 FUNERAL DIRECTOR'S SIGNATURE Curly W. Pius		ADDRESS MONTGOMERY CITY 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, ~~xxx~~ on the
19th day of October 1956

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo

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 this body is not embalmed, fact should be so stated above.