

No. 300
10.48

FILED FEB 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1670

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) Carthage	c. LENGTH OF STAY (in this place) 20 yrs	c. CITY OR TOWN Carthage	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 630 E. Vine St.		STREET ADDRESS (If rural, give location) 630 E. Vine St. 04930	

3. NAME OF DECEASED (Type or Print)	a. (First) CLARENCE	b. (Middle) CLINTON	c. (Last) KELTON	4. DATE OF DEATH (Month) (Day) (Year) Feb 1, 1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED; DIVORCED (Specify) married	8. DATE OF BIRTH Feb 4, 1891	9. AGE (In years last birthday) 65 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) retired laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lawrence County, Mo	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Tom H. Kelton	13b. MOTHER'S MAIDEN NAME Lucinda Jackson	14. NAME OF HUSBAND OR WIFE Dora S. Kelton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 488-26-7153	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Christine Knight, 630 E. Vine Carthage, 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		INTERVAL BETWEEN ONSET AND DEATH 6 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Bladder		
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			181X

19a. DATE OF OPERATION Jan 12, 57	19b. MAJOR FINDINGS OF OPERATION Cystostomy - Cancer of Urinary Bladder	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 June 22, 1956, to Feb 1, 1957, that I last saw the deceased alive on Feb 1, 1957, and that death occurred at 5:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE George H. Wood (Degree or title) -M.D.	23b. ADDRESS 304 Grant, Carthage, Mo	23c. DATE SIGNED 2-2-57
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb. 4, 1957	24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery
		24d. LOCATION (City, town, or county) (State) Aurora, Missouri

DATE REC'D BY LOCAL REG. 2-4-57	REGISTRAR'S SIGNATURE Chy Clinton	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Knell Mortuary Carthage, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

139-0

County File Number
Date Filed FEB 11 1951

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.....
Geo. C. Rugh

Licensed Embalmer No. 47

P. O. Address *Carthage*

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.