Health, & Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024814
STATE FILE NUMBER

FILED JUL 29 1958 Registration District No. 49 Primary Registration District No. 5175 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY OR TOWN: Branch — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home — Length of stay in Ib: 14 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Camden
c. CITY OR TOWN: Branch 0150 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 73 Highway — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: OSCAR Middle: FRANKLIN Last: KELSO

4. DATE OF DEATH: Month 7 Day 18 Year 1958

5. SEX: m

6. COLOR OR RACE: w

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 6-9-18 97

9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 1 Days 9 — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tower watcher

10b. KIND OF BUSINESS OR INDUSTRY: Forester

11. BIRTHPLACE (City and state or country): Sedalia Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Sylvester Kelso

13b. MOTHER'S MAIDEN NAME: Mattie Bailey

14. NAME OF HUSBAND OR WIFE: Golda Kelso

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 500-05-7699

17. INFORMANT: Clyde Kelso Address: Carlyle Ill.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Nk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955, to 7-17-58 and last saw ~~him~~ him alive on 7-17-58
Death occurred at 10:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. O. Harrison (Degree or title) M.D.

22b. ADDRESS: Buffalo Mo.

22c. DATE SIGNED: 7-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7-20-1958

23c. NAME OF CEMETERY OR CREMATORY: Parnack Grove

23d. LOCATION (City, town, or county) (State): Macks Creek, Mo.

24. FUNERAL DIRECTOR: L. B. Jones Buffalo Mo. ADDRESS

25. DATE RECD. BY LOCAL REG.: 7-22-1958

26. REGISTRAR'S SIGNATURE: Alda Eldred

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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JUL 30 1958

AUG 8 1958

VS JUL 8 1958

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 ....me...., Student Embalmer No. ✓ working under my personal supervision.

Student ....✓.... Signature of Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Buffalo

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.