Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-032084
STATE FILE NUMBER

FILED SEP 22 1958

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 108

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY OR TOWN Gladstone — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION 5403 No. Wyandotte, — Length of stay in Hospital
d. STREET ADDRESS (If outside, give location) 5403 N. Wyandotte — Reside on Farm Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY Clay
c. CITY OR TOWN Gladstone — Inside Limits Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Beulah Middle: B. Last: Kelso

4. DATE OF DEATH Month 8 Day 30 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 9-21-1920
9. AGE (In years last birthday) 37 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Weldona, Colo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Rudolph Hertzberg
13b. MOTHER'S MAIDEN NAME Cecil Lamon
14. NAME OF HUSBAND OR WIFE Cecil Kelso

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. 500-03-8096
17. INFORMANT Cecil Kelso — Address 5403 N. Wyandotte

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O. L. Pate (Degree or title) Coroner
22b. ADDRESS North Kansas City, Mo.
22c. DATE SIGNED 8/31/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-3-58
23c. NAME OF CEMETERY OR CREMATORY White Chapel
23d. LOCATION (City, town, or county) Gladstone (State) Mo.

24. FUNERAL DIRECTOR D. W. Newcomers — ADDRESS N.K.C.
25. DATE RECD. BY LOCAL REG. 9-2-58
26. REGISTRAR'S SIGNATURE Marguerite Judgens

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

RECEIVED
SEP 8 1958
CLAY CO.
HEALTH CENTER

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 Glenn H. Hill

Licensed Embalmer No. 4586

P. O. Address K. C. 16, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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