Health, & Welfare Public Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037208
STATE FILE NUMBER

FILED OCT 21 1958 Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY: MORGAN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: VERSAILLES — Inside Limits: Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: GUNN CLINIC — Length of stay in Hospital: 1 HOUR

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: MORGAN
c. CITY OR TOWN: HAWCREEK TWP — Inside Limits: Yes ☐ No ✗
d. STREET ADDRESS (If outside, give location): 6 MI. SOUTH STOVER — Reside on Farm: Yes ✗ No ☐

3. NAME OF DECEASED (Type or print): First JOHN Middle WILLIAM Last KELSO
4. DATE OF DEATH: Month OCT. Day 9 Year 1958
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ✗ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: JULY 21 1899
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 2 Days 18 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ASSEMBLEY
10b. KIND OF BUSINESS OR INDUSTRY: ELEC. MFG.
11. BIRTHPLACE (City and state or country): MOUND CITY MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: CHARLEY KELSO
14. MOTHER'S MAIDEN NAME: POLLY MILLER
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.: 492-18-2220
17. INFORMANT: MARTHA KELSO Address: STOVER MO.

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 occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min
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 ✗ 2

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 10-9-58 to 10-9-58 and last saw ~~her~~ him alive on 10-9-58
Death occurred at 5:P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ruth Kauffman (Degree or title) M.D.
22b. ADDRESS: Versailles, Mo
22c. DATE SIGNED: 10-13-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: OCT. 12 1958
23c. NAME OF CEMETERY OR CREMATORY: VERSAILLES CEMETERY
23d. LOCATION (City, town, or county) (State): VERSAILLES MO.
24. FUNERAL DIRECTOR: J. L. Stevinson ADDRESS: Stover Mo.
25. DATE RECD. BY LOCAL REG.: 10-17-58
26. REGISTRAR'S SIGNATURE: J L Washburn

(Licensed Embalmer's Statement on Reverse Side)

214.
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MAY 9 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. L. Stevenson

Licensed Embalmer No. 407

P. O. Address Stover

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.