

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014406

STATE FILE NUMBER

WED APR 17 1959 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 50

300  
1-57

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		c. CITY OR TOWN LOUISIANA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE CO. HOSPITAL		Length of stay in lb 7 days	
3. NAME OF DECEASED (Type or print) First JOHN Middle HOMER Last KELSO		4. DATE OF DEATH Month APRIL Day 10, Year 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH JAN. 17, 1873
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		9b. KIND OF BUSINESS OR INDUSTRY RETIRED	9c. AGE (In years) 86 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) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	10c. BIRTHPLACE (City and state or country) PIKE CO. MO.
11. BIRTHPLACE (City and state or country) PIKE CO. MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN KELSO		13b. MOTHER'S MAIDEN NAME LUCINDA (?)	
14. NAME OF HUSBAND OR WIFE <del>ETSY</del> LIZZIE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No) NO	
16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT MRS. WE SLADEK, RT. # 2, LOUISIANA, Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral vascular accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>Advanced arteriosclerotic heart disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4260</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		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 <u>4/4/59</u> to <u>4/10/59</u> and last saw <sup>him</sup> <del>her</del> alive on <u>4/10/59</u> Death occurred at <u>5:05 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John A. Middleton MD</u> (Degree or title)		22b. ADDRESS LOUISIANA; MISSOURI	
22c. DATE SIGNED 4-11-59		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE APRIL 12 1959		23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM.	
23d. LOCATION (City, town, or county) LOUISIANA, MO.		(State)	
24. FUNERAL DIRECTOR <u>George D. Nagel</u> ADDRESS LOUISIANA, MO		25. DATE RECD. BY LOCAL REG. April 12, 1959	
26. REGISTRAR'S SIGNATURE <u>Bernese Callier</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *George O. Hagner* .....

Licensed Embalmer No. *3773* .....  
P. O. Address *Louisiana* .....

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.