RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 24 1959

59–030164
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 324

DED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre, Mo.
Length of stay in 1b: 12 hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bonne Terre Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: St. Francois
c. CITY OR TOWN: Farmington
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 919 N. Washington
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Christopher Middle: Walter Last: McKelvey
4. DATE OF DEATH: Month: Aug. Day: 17 Year: 59
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-8-83
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Barber
11. BIRTHPLACE (City and state or country): Buckhorn, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John McKelvey
13b. MOTHER'S MAIDEN NAME: Hannah Scisener
14. NAME OF HUSBAND OR WIFE: Julia Bell Huffman
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.:
17. INFORMANT: Herbert McKelvey, Farmington, Mo. 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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 5 yrs
~~DUE TO (c)~~ Hypothyroidism due to I 131 — 18 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 Oct 1956, to Aug 17, 1959 and last saw ~~her~~ him alive on Aug 17, 1959
Death occurred at 11:25 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. E. Carleton (Degree or title) MD
22b. ADDRESS: Farmington Mo
22c. DATE SIGNED: 8-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-20-59
23c. NAME OF CEMETERY OR CREMATORY: Buckhorn Cemetary
23d. LOCATION (City, town, or county) (State): Buckhorn, Mo.

24. FUNERAL DIRECTOR: C. H. Cozean ADDRESS: Farmington, Mo.
25. DATE RECD. BY LOCAL REG.: Aug 19, 1959
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

4084

Licensed Embalmer No.

P. O. Address

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