

DI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-001302

LED VS JAN 29 1960 **382**

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. **4238** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) Glasgow	Length of stay in 1b 68 yrs.	c. CITY OR TOWN Glasgow	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Victoria Middle Lillian Last Kelso			4. DATE OF DEATH Month Jan. Day 12 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr. 4, 1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Teague Okla.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Frank Wilson		13b. MOTHER'S MAIDEN NAME Tenie Harmon		13c. NAME OF HUSBAND OR WIFE Thomas Kelso (Dec.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Opal Jackson Glasgow Mo Address _____	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Circulatory failure,			
DUPLICATE (b) Coronary thrombosis			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUPLICATE (c) _____			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 **1946** to **1960** and last saw her ^{him} alive on **Jan 12**
 Death occurred at **3:30 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Kombo rd (Degree title)	22b. ADDRESS Glasgow, Mo	22c. DATE SIGNED 1-13-60
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23. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Jan 14, 1960	23c. NAME OF CEMETERY OR CREMATORY Washington	23d. LOCATION (City, town, or county) (State) Glasgow, Mo.
24. FUNERAL DIRECTOR Tremont Funeral Service Glasgow, Mo ADDRESS _____		25. DATE RECD. BY LOCAL REG. Jan. 14, 1960	26. REGISTRAR'S SIGNATURE Walker Andaley

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

E. H. Trimmouth

Licensed Embalmer No. 3978

P. O. Address Glasgow, Pa.

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.