SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 1 3 1961

-61-007545
STATE FILE NUMBER

AMENDED

Registration District No. 30 Primary Registration District No. 4038 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Benton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warsaw — Length of stay in 1b: 9 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Oak-Haven-N-Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Morgan
c. CITY OR TOWN Barnett — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Barnett — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Frank Middle: K. Last: Kelsey
4. DATE OF DEATH Month: March Day: 9 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec 26, 1872
9. AGE (last birthday): 88 — IF UNDER 1 YEAR: Months 2 Days 13 Hours Min. — IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Power-House
11. BIRTHPLACE (City and state or country): Syracuse-N-Y
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Samuel-Kelsey
13b. MOTHER'S MAIDEN NAME: Arthus-Stewart
14. NAME OF HUSBAND OR WIFE: Anna-Kelsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Anna Kelsey Address: Barnett-Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral infarction — INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) arteriosclerosis
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hemiplegia; chronic cystitis
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 3/2/61, to 3/9/61 and last saw him alive on 3/9/61
Death occurred at 11:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. Rhodes M.D.
22b. ADDRESS Warsaw, Missouri
22c. DATE SIGNED 3/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12 March-61
23c. NAME OF CEMETERY OR CREMATORY: Eldon Cemetery
23d. LOCATION (City, town, or county) (State): Eldon Mo
24. FUNERAL DIRECTOR: Keith M Kays. ADDRESS: Eldon-Mo
25. DATE RECD. BY LOCAL REG.: Mar. 10-1961
26. REGISTRAR'S SIGNATURE: Jas. A. Logan

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF | MEDICAL CERTIFICATION

VS MAR 14 1961

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 Keith M Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.