

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002680

STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 5

AMENDED

FILED JAN 30 1962

1. PLACE OF DEATH a. COUNTY Maries			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boone Twp.		Length of stay in 1b life	c. CITY OR TOWN Meta, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Her Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS Rt. 1.		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Josephine Middle M. Last Kellison			4. DATE OF DEATH Month Jan. Day 27, Year 1962.			
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 10/16/1870	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months 3 Days 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (City and state or country) Miller Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Neal Campbell		13b. MOTHER'S MAIDEN NAME Kerney McDaniel		14. NAME OF HUSBAND OR WIFE Thomas Kellison		
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 Wade Kellison, Meta, Mo. Rt. 1.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic congestive cardiac failure Interval between onset and death 6 mo. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (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 June 1951 to Jan 25, 1962 and last saw her ^{her} him live on Jan 25, 1962 Death occurred at 4:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Conley Gatis</i> (Dee or title) D.O.			22b. ADDRESS Dixon, Mo.		22c. DATE SIGNED 1-27-'62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/28/62	23c. NAME OF CEMETERY OR CREMATORY Wheeler Cemetery	23d. LOCATION (City, town, or county) (State) Maries County, Mo.			
24. FUNERAL DIRECTOR W. C. Birmingham		ADDRESS Vienna, Mo.	25. DATE RECD. BY LOCAL REG. 1-27-1962	26. REGISTRAR'S SIGNATURE <i>Thoyll Hutchison</i>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 *W.C. Cunningham*

Licensed Embalmer No. 3664

P. O. Address Vienna 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.