

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037324

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 526 Primary Registration District No. _____ Registrar's No. 92

FILED OCT 8 1962

a. COUNTY Scotland		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Memphis		a. STATE Missouri	b. COUNTY Schuyler
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		c. CITY OR TOWN Downing	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
Donald Walter Kelso			Sept.	29	1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-17-29	9. AGE (last birthday) 33	IF UNDER 1 YEAR Months 2 Days 12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dozer Operator	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Downing, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Walter Kelso	13b. MOTHER'S MAIDEN NAME Ina Wildman	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II	16. SOCIAL SECURITY NO.	17. INFORMANT Ina Kelso, Downing, Mo.	Address
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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)	Skull Fracture + Internal Injuries.	Sudden
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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Car accident. West of Memphis mo.
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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.) on Highway #136 west of Memphis mo.	20f. CITY, TOWN, OR LOCATION Scotland, Mo.	COUNTY	STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **about 7:30 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C.M. Simler D.O. Coroner of Scotland County	(Degree or title)	22b. ADDRESS Downing, Mo.	22c. DATE SIGNED Oct. 1, 1962
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 2, 1962	23c. NAME OF CEMETERY OR CREMATORY Downing Cemetery	23d. LOCATION (City, town, or county) Downing, Mo.
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24. FUNERAL DIRECTOR Moore Funeral Home - Downing, Mo.	ADDRESS	25. DATE REC'D. BY LOCAL REG. 10-2-62	26. REGISTRAR'S SIGNATURE Vera G. Purnes
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(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
 10990
 20980
 3
 4 0
 5 3
 6
 7 0
 8 2
 9 X
 10
 11099
 1291-3
 131-0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 USE BLACK INK OR TYPEWRITER RIBBON

OCT 17 1962

30 7 51 8

FEB 6 1963
OCT 19 1962

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis 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.