

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37800

State File No.

BIRTH NO. 73691-49 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5628 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Brownfield mo</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Brownfield</u>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>no street address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Judy</u> b. (Middle) <u>Kay</u> c. (Last) <u>Elam</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 26, 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>(V)</u>	
8. DATE OF BIRTH <u>Nov. 22, 1949</u>		9. AGE (In years last birthday) <u>-</u>		10. IF UNDER 1 YEAR <u>-</u> Months <u>5</u> Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Laclede Co. mo</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Robby Elam</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Wilson</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robby Elam</u> ADDRESS <u>Brownfield mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u>		DUPLICATE TO (b) <u>Aspiration of vomitus</u>				1 min.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						E921	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>NO</u> <input checked="" type="checkbox"/> YES	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Accidental aspiration of vomitus</u>	
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22. I hereby certify that I attended the deceased from 11-22-1949, to 11-26, 1949, that I last saw the deceased alive on 11-22, 1949 and that death occurred at 9:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. B. Hurst, M.D.</u> (Degree or title)		23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>11-28-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 28, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cross Roads Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede Co. mo.</u>	
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DATE REC'D BY LOCAL REG. <u>11-30-1949</u>		REGISTRAR'S SIGNATURE <u>Alfred L. Gray</u> <u>424</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>no funeral director</u> ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received DEC 3 1949
Lacoste County Health Unit
File No. 12-49-162
DEC 7 1949
Date Filed DEC 3 1949

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 _____

no. Embalming
working under my personal supervision.

Student Embalmer No. _____

Student _____
Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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 this body is not embalmed, fact should be so stated above.