

FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36185

State File No. 1318

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 1117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1007 Ashland Court		d. STREET ADDRESS (If rural, give location) 1007 Ashland Court	

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) T.	c. (Last) Elam	4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 4, 1866	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 15 MINS. Hours	IF UNDER 15 MINS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician & Surg.		10b. KIND OF BUSINESS OR INDUSTRY Private Practice Gentry County, Missouri		11. BIRTHPLACE (State or foreign country) 0		12. CITIZENSHIP OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Wm. M. Elam	13b. MOTHER'S MAIDEN NAME Malinda F. Baxter	14. NAME OF HUSBAND OR WIFE Eleanor J. Elam
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) W.W. I None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Eleanor Elam	ADDRESS 1007 Ashland Court St. Joseph
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Intestinal Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH 7 hrs 578 X
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2		
	DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1, 1950, to 11-20, 1950, that I last saw the deceased alive on 11-20, 1950, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>D. H. Rydell</i> (Degree or title) M.D.	23b. ADDRESS 301 N. St. Joseph Mo.	23c. DATE SIGNED 11-21-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 22, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG Nov. 24, 1950	REGISTRAR'S SIGNATURE <i>Carl C. Costello</i>	440	25. FUNERAL DIRECTOR'S SIGNATURE <i>Horton Bowman</i>	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

J. W. Ryan

1931

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
Student Embalmer

Signed James P. Hawkins
Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St. G.

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.