

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3469

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6093 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Linn</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Marshall</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Brookfield 0582</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo State School</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Vincent</i>	b. (Middle) <i>Ernest</i>	c. (Last) <i>Elements</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 31 1951</i>
-------------------------------------	---------------------------	---------------------------	---------------------------	--

5. SEX <i>MO</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>S O</i>	8. DATE OF BIRTH <i>Jan 29 1918</i>	9. AGE (In years last birthday) <i>32</i>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
------------------	---------------------------	---	-------------------------------------	---	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (State or foreign country) <i>Brookfield Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>Am</i>
---	---	--	--

13a. FATHER'S NAME <i>Carroll J. Elements</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Alice Miles</i>	14. NAME OF HUSBAND OR WIFE <i>S.</i>
---	---	---------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME (Address) <i>Hospital Record Marshall Mo</i>
--	-------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <i>2418</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Myocarditis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Bronchial Asthma</i> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Father minded</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

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)	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 *Oct 1950*, to *Jan 31, 1951*, that I last saw the deceased alive on *1-30, 1951*, and that death occurred at *5-20 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Chas Salzer M.D. O</i>	23b. ADDRESS <i>Marshall</i>	23c. DATE SIGNED <i>1-31-51</i>
--	------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>Feb. 3-5</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Peace Hill Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Brookfield, Mo.</i>
--	---------------------------	---	--

DATE REC'D BY LOCAL REG. <i>Jan 31-1951</i>	REGISTRAR'S SIGNATURE <i>Sidney S. Gray</i>	25. FUNERAL DIRECTOR'S SIGNATURE (Address) <i>Hill Funeral Brookfield, Mo.</i>
---	---	--

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

1970  
2

**RECEIVED** 2-5-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 2-5-51

**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.

Signed *J. Leslie Surrency* .....

Licensed Embalmer No. 32350 .....

Signed .....  
Student Embalmer

P. O. Address *Marshall* .....

**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.