

FILED JUL 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 24026

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 1956 Registrar's No. 12

1. PLACE OF DEATH
 a. COUNTY **PIKE**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **RURAL - CALUMET**
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Mo.**
 b. COUNTY **PIKE**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **RURAL - CALUMET**
 d. STREET ADDRESS (If rural, give location) **1820**

3. NAME OF DECEASED
 a. (First) **Virginia**
 b. (Middle) **A.**
 c. (Last) **McElroy**

4. DATE OF DEATH (Month) (Day) (Year)
July - 2 - 1951

5. SEX **F.**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH
Apr. 8, 1868

9. AGE (In years) (Months) (Days)
82 2 24

IF UNDER 1 YEAR Hours Min.
 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Lincoln Co., Mo.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Daniel Palmer

13b. MOTHER'S MAIDEN NAME
Georgann Palmer

14. NAME OF HUSBAND OR WIFE
JAMES W. McElroy

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'S SIGNATURE OR NAME ADDRESS
James W. McElroy, Carswell, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic heart disease**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **generalized arteriosclerosis**
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4200

20. AUTOPSY? YES NO

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)
Pike Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
7-2-1951

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-5-1951**, to **7-2-1951**, that I last saw the deceased alive on **7-2-1951**, and that death occurred at **9:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
John H. Hooker, M.D.

23b. ADDRESS
Carswell, Mo.

23c. DATE SIGNED
7-3-51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE
7-4-1951

24c. NAME OF CEMETERY OR CREMATORY
Carswell Cemetery

24d. LOCATION (City, town, or county) (State)
Carswell Mo.

DATE REC'D BY LOCAL REG.
July 8-1951

REGISTRAR'S SIGNATURE
NE Fanch

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
John Colwell, Carswell, Mo.

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

870

APR 25 1955

OCT 11 1954

Date Received: JUL 14 1951
DISTRICT HEALTH OFFICE #2
District File Number 757-1263
Date Filed: JUL 14 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Norman E. Gooch

Licensed Embalmer No. 2342

P. O. Address Eolia, 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.