

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42321

State File No.

FILED JAN 14 1952

REG. DIST. NO. 217

PRIMARY REG. DIST. NO. 2045

Registrar's No. 87

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

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Mississippi	
b. CITY OR TOWN Charleston		c. LENGTH OF STAY (In this place) 68 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, Mrs Ed Davis Sr.			d. STREET ADDRESS (If rural, give location) 107 Elm St.		

3. NAME OF DECEASED (Type or Print) a. (First) Amanda			b. (Middle) Ellen		c. (Last) Elkins		4. DATE OF DEATH (Month) (Day) (Year) December, 10, 1951				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April, 27, 1855		9. AGE (In years last birthday) 96		10 UNDER 1 YEAR Months Days	10 UNDER 5 YRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife				10b. KIND OF BUSINESS OR INDUSTRY House Wife		11. BIRTHPLACE (State or foreign country) Union City, Tenn.			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Mack Stanley			13b. MOTHER'S MAIDEN NAME Sally Young			14. NAME OF HUSBAND OR WIFE Enoch Elkins				
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 Mrs Ed Davis Sr. Charleston, Mo.			ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>arteriosclerotic heart disease</i>						OK	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>generalized arteriosclerosis</i>							
		DUE TO (c) <i>sp. diverticuli</i>						OK	
19a. DATE OF OPERATION <i>none</i>		19b. MAJOR FINDINGS OF OPERATION <i>none</i>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>4200</i>	

22. I hereby certify that I attended the deceased from *Sept 1*, 1951, to *Dec 10*, 1951, that I last saw the deceased alive on *Dec 10*, 1951, and that death occurred at *2:00P* m., from the causes and on the date stated above.

23a. SIGNATURE <i>E. Lisa Kalmring M.D.</i>			23b. ADDRESS <i>Charleston, Mo</i>		23c. DATE SIGNED <i>12/18/51</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>12/12/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>I.O.O.F. Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Charleston, Mo</i>	

DATE REC'D BY LOCAL REG. <i>Jan. 7, 1952</i>		REGISTRAR'S SIGNATURE <i>Mrs. Alex Kilgore</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Edw. G. ...</i>		ADDRESS <i>The Munnelee Funeral Chapel, Charleston, Mo.</i>	
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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

John F. Munnick Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.