

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 5 1952

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6224 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Rural Center 2P.</u> c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Kansas City</u> 3428	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway No. 71</u>		d. STREET ADDRESS (If rural, give location) <u>5840 Forest</u>	
3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) <u>W.</u> c. (Last) <u>McElwain</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-31-52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 8, 1968</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Broyles Real Estate</u>	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>
13a. FATHER'S NAME <u>Andrew A. McElwain</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wolf</u>	14. NAME OF HUSBAND OR WIFE <u>Lillian McElwain</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-24-9180</u>	17. INFORMANT'S SIGNATURE OR NAME <u>May Eldridge</u> ADDRESS <u>2840 Forest Kansas City</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fell out of automobile</u> DUE TO (c) <u>from back seat when car sideswiped another car.</u> II. 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 <u>(accident) Killed instantly</u>	
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway No. 71</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Center 2P. 108 Vernon MO</u>
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? <u>E 8164 26 miles</u>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:20 p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter D. Thurman, Coroner</u>		23b. ADDRESS <u>Nevada, Missouri</u>	23c. DATE SIGNED <u>2-1-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremaion</u>		24b. DATE <u>2-2-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u> 24d. LOCATION (City, town, or county) (State) <u>Kansas City, MO</u>
DATE REC'D BY LOCAL REG. <u>2-1-1952</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> 451	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackburn & Son</u> ADDRESS <u>Kansas City, MO</u>

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

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APR 19 1950
APR 19 1950
APR 28 1950

APR 17 1950

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 Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address Nevada, 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.