

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17260

State File No.

FILED MAY 28 1952

REG. DIST. NO. 210

PRIMARY REG. DIST. NO. 5769
Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Mercer			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo. b. COUNTY Mercer		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lindley Twp.		c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Lindley Twp. 5650		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) 8		
3. NAME OF DECEASED (Type or Print) a. (First) Green		b. (Middle) R.		c. (Last) Elmore	
4. DATE OF DEATH May 20-52			4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Dec. 4, 1870		9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mercer Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Marion Elmore		13b. MOTHER'S MAIDEN NAME Sarah Horner		14. NAME OF HUSBAND OR WIFE Mary Elmore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Raymond Miller Cainsville, 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) nose bleed ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) probably due to malignancy DUE TO (c) obstruction of portal vein 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			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)		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 May 3, 1952 , to May 20, 1952 , that I last saw the deceased alive on May 20, 1952 , and that death occurred at 8:00 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. M. Perry M.D.			23b. ADDRESS Princeton Mo		23c. DATE SIGNED May 25, 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Rural		24b. DATE 5-22-52	24c. NAME OF CEMETERY OR CREMATORY Freedom Ceme.		24d. LOCATION (City, town, or county) (State) Mercer Co. Mo.
DATE RECD BY LOCAL REG. 5-26-52		REGISTRAR'S SIGNATURE Stall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Martin Funeral Home Princeton, Mo	

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

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 *Juan Martin*.....

Licensed Embalmer No. 3760.....

P. O. Address Princeton, N.J......

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.