

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10959**  
41  
Registrar's No. \_\_\_\_\_

FILED MAR 16 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>	c. LENGTH OF STAY (in this place) <b>50 yrs</b>	c. CITY OR TOWN <b>Nevada</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Nevada Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>521 North Oak Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Calvin</b> c. (Last) <b>Elder</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>February 28 1954</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>October 21, 1871</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ticket agent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railway</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Marion Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Andrew Elder</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Boone</b>		14. NAME OF HUSBAND OR WIFE <b>Sarah Elder</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Sarah Elder 521 North Oak Nevada, Missouri</b>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Feb 28 1954</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Advanced age</b>				

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____		
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22. I hereby certify that I attended the deceased from **April 1953**, to **Feb 28, 1954**, that I last saw the deceased alive on **Feb 28, 1954**, and that death occurred at **12:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Willie Mae</b> (Degree or title) _____		23b. ADDRESS <b>Nevada, Mo.</b>		23c. DATE SIGNED <b>3-3-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 4 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Nevada Missouri</b>		
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DATE REC'D BY LOCAL REG. <b>3-12-54</b>	REGISTRAR'S SIGNATURE <b>Anna G. Ferry</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Ferry Funeral Home Nevada, Mo.</b>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 16 1958  
DEC 16 1958

DEC 16 1958

APR 16 1954

APR 16 1954

DEC 16 1958

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 L. Ingles Ferry, Student Embalmer No. 492 working under my personal supervision.

Student *L. Ingles Ferry*  
Signature of Student Embalmer

Signed *L. B. [Signature]*  
Licensed Embalmer No. 1760

P. O. Address Nevada, MI

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.