

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14680

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. CITY OR TOWN Nevada		d. In 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. Nevada Hospital		e. STREET ADDRESS (If rural, give location) 303 East Douglas 10820			
3. NAME OF DECEASED (Type or Print) Dora Thomas		a. (First) Dora		b. (Middle) Thomas	
c. (Last) Elder		4. DATE OF DEATH April 8 1954		7. (Month) (Day) (Year)	
5. SEX M		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH June 12, 1882		9. AGE (In years last birthday) 71		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Monroe City, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Francis Elder		13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Jones	
14. NAME OF HUSBAND OR WIFE		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. 446-01-8421	
17. INFORMANT'S SIGNATURE OR NAME Joseph H. Elder		ADDRESS Delaware, Okla.			
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) <i>Coronary occlusion & myocardial infarction</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs</i> ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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		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 <i>April 8, 1954</i> , to <i>April 8, 1954</i> , that I last saw the deceased alive on <i>April 8, 1954</i> , and that death occurred at <i>3:02 pm.</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Laines J. Pascoe M.D.</i>		23b. ADDRESS <i>Nevada, Mo</i>		23c. DATE SIGNED <i>April 9, 54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4-5-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Rockville Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Rockville Missouri</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Ferry Funeral Home</i>			
DATE REC'D BY LOCAL REG. <i>4-12-54</i>		REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i>		ADDRESS <i>Nevada, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

Student L. Ingles Ferry
Signature of Student Embalmer

Signed L. Ingles Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada, Miss

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.