

FILED SEP 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31242

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 291

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering</u>		e. STREET ADDRESS (If rural, give location) <u>600 S. 15th St 0670</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Henry</u> c. (Last) <u>McElroy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-8-14-54</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Aug. 2-1879</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (City and State or Foreign Country) <u>Hannibal, Mo</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Henry McElroy</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kempf</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth McElroy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth McElroy</u> ADDRESS <u>600 S. 15th St</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute pyelephlebitis</u>			
		ANTECEDENT CAUSES			
		DUE TO (b) <u>Ruptured appendix</u> 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 <u>9-6-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>ruptured appendix</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?	

22. I hereby certify that I attended the deceased from 9-5-54, 1954, to 9-14-54, 1954, that I last saw the deceased alive on 9-14-54, 1954, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>115 N. 5th St. Hannibal, Mo.</u>		23c. DATE SIGNED <u>9-21-54</u>	
24a. BURIAL, CREMA-TION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 14-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>	
		24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo</u>			

DATE REC'D BY LOCAL REG. <u>9-22-54</u>		REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke By W. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo E. Roberts</u> ADDRESS <u>Hannibal Mo</u>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED SEP 29 1954
MARSHALL O. HEALTH DEPT.
DATE FILED SEP 29 1954

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.....
Signature of Student Embalmer

Signed Geo E Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal

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.