No. 300
10.48

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

FILED OCT 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33163

State File No. 518

BIRTH NO. 59370-54 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 518

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF
c. LENGTH OF STAY (in this place): 16 HRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOCTORS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: RIPLEY
c. CITY OR TOWN: RURAL
d. Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): PONDER - MISSOURI

3. NAME OF DECEASED (Type or Print)
a. (First): RODNEY
b. (Middle): RAY
c. (Last): ELKINS

4. DATE OF DEATH (Month) (Day) (Year): SEPT 24 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): INFANT
8. DATE OF BIRTH: SEPT. 23 1954
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0, IF UNDER 24 HRS.: Hours 16, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): POPLAR BLUFF - MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: RAY ELKINS
13b. MOTHER'S MAIDEN NAME: OLA HAGAN
14. NAME OF HUSBAND OR WIFE: NEVER MARRIED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: RAY ELKINS - PONDER - 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

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
7600
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-23, 1954, *to* 9-24, 1954, *that I last saw the deceased alive on* 9-24, 1954 *and that death occurred at* 3:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marvin R. Barbour, M.D.
23b. ADDRESS: Poplar Bluff, Mo
23c. DATE SIGNED: 10/7/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 25, 1954
24c. NAME OF CEMETERY OR CREMATORY: OAK RIDGE CEM.
24d. LOCATION (City, town, or county) (State): RIPLEY CO. - MISSOURI

DATE REC'D BY LOCAL REG.: 10/14/54
REGISTRAR'S SIGNATURE: R. L. Mitchell
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: EDWARDS FUNERAL HOME - DONIPHAN

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1954
BUTLER CO. HEALTH CENTER
FILE No. [redacted]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gene H Parrent

Licensed Embalmer No. 4 80

P. O. Address Doniph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.