

FILED NOV 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36460**

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **193**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).	
a. COUNTY Franklin	b. CITY (If outside corporate limits, write RURAL and give OR TOWN Washington)	a. STATE Missouri	b. COUNTY Franklin
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Clair Mo	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 St. Francis Hosp		e. STREET ADDRESS (If rural, give location) 2360	

3. NAME OF DECEASED (Type or Print)	a. (First) John H	b. (Middle) Elms	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Nov. 13-1955
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Nov. 25-1920	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 5 Days 29	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Surg.	10b. KIND OF BUSINESS OR INDUSTRY retired.	11. BIRTHPLACE (City and State or Foreign Country) Dulaska Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John H Elms	13b. MOTHER'S MAIDEN NAME Kanada Neemia	14. NAME OF HUSBAND OR WIFE Mary Elms
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) None	16. SOCIAL SECURITY NO. 498-10-4653	17. INFORMANT'S SIGNATURE OR NAME Mary Elms	ADDRESS St. Clair Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute myocardial DUE TO (c) decompensation		
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"/>
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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 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 4/10/55, 19, to 4/13/55, 19, that I last saw the deceased alive on 4/13/55, 19, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. J. POZY M.D.	23b. ADDRESS Washington Mo	23c. DATE SIGNED 11/15/55
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24a. BURIAL-CREMIATION, REMOVAL (Specify) Burial	24b. DATE Nov 16 1955	24c. NAME OF CEMETERY OR CREMATORY Green Mount Cem.	24d. LOCATION (City, town, or county) (State) St. Clair Mo.
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DATE REC'D BY LOCAL REG. 4/15/56	REGISTRAR'S SIGNATURE W. P. Sudman	25. FUNERAL DIRECTOR'S SIGNATURE Sherrill W. Kitchell	ADDRESS St. Clair, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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: *Sherwood W. Kitchell*

Licensed Embalmer No. *38*

P. O. Address *H. Clair*

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.