

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39689**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1301	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) --a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. LENGTH OF STAY (In this place) township) 47 yrs		c. CITY OR TOWN St. Joseph		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 DOA Methodist Hospital				e. STREET ADDRESS (If rural, give location) 102 E. Hyde Park Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) ELSIE		b. (Middle) M		c. (Last) ELAM		4. DATE OF DEATH (Month) (Day) (Year) Dec. 6 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 25, 1892	
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafeteria		10b. KIND OF BUSINESS OR INDUSTRY Benton High School		11. BIRTHPLACE (City and State or Foreign Country) Pulaski Iowa		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Martin Meinhardt		13b. MOTHER'S MAIDEN NAME Elizabeth Uhl		14. NAME OF HUSBAND OR WIFE Roy W. Elam (Deceased)			
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. 491-28-0985		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy C. Elam St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200				INTERVAL BETWEEN ONSET AND DEATH 1 hr unk	
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 Dec 6, 1955 , to Dec 6, 1955 that I last saw the deceased alive on Dec 6, 1955 , and that death occurred at 3:15P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Martin H. Christ, MD		23b. ADDRESS St. Joseph, Mo 6156 King Hill Ave.		23c. DATE SIGNED 12-9-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 9, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Missouri	
DATE REC'D BY LOCAL REG. Dec 16, 1955		REGISTRAR'S SIGNATURE Catharine M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE 785 Allison's Funeral Home		ADDRESS St. Joseph, Mo.	

(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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Charles E. Bennett*.....

Licensed Embalmer No. *4671*

P. O. Address *St. Joseph*.....

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.