

FILED MAR 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9746

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>86</u>		
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>			c. LENGTH OF STAY (in this place) <u>6 Mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>			d. STREET ADDRESS (If rural, give location) <u>1500 Calhoun St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Susans Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>1500 Calhoun St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMORE</u> b. (Middle) <u>M.</u> c. (Last) <u>STREET</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 15, 1956</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 11, 1871</u>		9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker (ret.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Benjamin Street</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian (DEC)</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Morris Street, Wayne, Nebraska</u>				
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) <u>Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility &amp; generalized debility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dehydration &amp; generalized arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>  <u>1 year</u>  <u>unknown</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>493X</u>			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 _____, 19____, to <u>March 15, 1956</u> , that I last saw the deceased alive on <u>March 14, 1956</u> , and that death occurred at <u>3:30A.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>William L. Fair, M.D.</u>				23b. ADDRESS <u>Chillicothe, Mo</u>		23c. DATE SIGNED <u>3/16/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 17, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Braymer cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Braymer, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/16/56</u>		REGISTRAR'S SIGNATURE <u>Frances B Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ronald Gordon - Chillicothe Mo</u> ADDRESS _____				

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

Dr. Fair

1710

---

---

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 .....

Student Embalmer

Signed

*Ronald Godwin*

Licensed Embalmer No. *4191*

P. O. Address *Chillicothe, Mo.*

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 this body is not embalmed, fact should be so stated above.