

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24425

State File No. \_\_\_\_\_

FILED JUL 20 1956

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>5760</u>		Registrar's No. <u>21</u>			
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 town or township) <u>Rural-Fabius Tsp.</u>		c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Fabius Tsp.</u>		0640			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Star Route, Taylor, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Star Route, Taylor, Mo.</u>					
3. NAME OF DECEASED (Type or Print) <u>SAMUEL</u>		a. (First)		b. (Middle)		c. (Last) <u>ELDER</u>			
4. DATE OF DEATH <u>July 3, 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>Nov. 15, 1876</u>		9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-retired</u>		11. BIRTHPLACE (State or foreign country) <u>Cuba, Kansas</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Susie Elder</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Orin J. Elder, Taylor, Mo.</u>		ADDRESS <u>mo</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				INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</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		19b. MAJOR FINDINGS OF OPERATION <u>4201</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 <u>7-3-1956</u> , to <u>7-3-1956</u> , that I last saw the deceased alive on <u>not seen</u> , 19 <u>56</u> , and that death occurred at <u>1:30 P.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Roy S. Learke M.D.</u>				23b. ADDRESS <u>Quincy, Ill.</u>		23c. DATE SIGNED <u>7-5-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 6, '56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenmount</u>		24d. LOCATION (City, town, or county) (State) <u>Quincy, Illinois</u>			
DATE REC'D BY LOCAL REG. <u>7-5-56</u>		REGISTRAR'S SIGNATURE <u>Roy S. Learke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. M. Daugherty, Quincy, Ill.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

26 fo

1890

RECEIVED JUL 18 1956  
MARION CO. HEALTH DEPT.  
DATE FILED JUL 18 1956

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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.

Signed Arthur M. Daugherty.....

Signed.....  
Student Embalmer

Licensed Embalmer No. F1317.....

P. O. Address Quincy, Illinois.....

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.