

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24557**

FILED JUL 20 1956

BIRTH NO. _____		REG. DIST. NO. 272		PRIMARY REG. DIST. NO. 1912		Registrar's No. 28		
1. PLACE OF DEATH a. COUNTY Pemissal				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemissal				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steele		c. LENGTH OF STAY (in this place) 1 1/2 yrs		c. CITY OR TOWN Steele 0780		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Wasson Ref				• STREET ADDRESS (If rural, give location) Route 2 W. Prof				
3. NAME OF DECEASED (Type or Print) a. (First) Maggie b. (Middle) Mc Elrath c. (Last) Mc Elrath			4. DATE OF DEATH (Month) (Day) (Year) 7-10-56					
5. SEX F 3		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 11-17-1880		
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 7 Days 23		IF UNDER 11 HRS. Hours 0 Min. 0				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Decatur Co Tenn		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sam Washburn			13b. MOTHER'S MAIDEN NAME Jose Johnson			14. NAME OF HUSBAND OR WIFE _____		
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. _____		17. INFORMANT'S SIGNATURE OR NAME Sam Mc Elrath ADDRESS Steele R 2			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident					4/12/56	
		ANTECEDENT CAUSES DUE TO (b) arteriosclerosis						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Diabetic						
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) 331X				
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 11/14 , 19 55 , to 7/10 , 19 56 that I last saw the deceased alive on 4/12 , 19 56 , and that death occurred at 3 A m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) William F. Turner MD				23b. ADDRESS Steele Mo		23c. DATE SIGNED 7/13/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-13-56		24c. NAME OF CEMETERY OR CREMATORY Holly Grove		24d. LOCATION (City, town, or county) (State) Steele Mo		
DATE REC'D BY LOCAL REG. 7-16-56		REGISTRAR'S SIGNATURE L. O. Benson		25. FUNERAL DIRECTOR'S SIGNATURE Benson Trust Co ADDRESS Steele Mo				

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

249-0

7-182-56

JUL 17 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *John H. Herman*.....

Licensed Embalmer No. *4355*.....

P. O. Address *Hayti, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.