

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30124

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>4110</u>		Registrar's No. <u>49</u>			
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>					
b. CITY OR TOWN <u>Salisbury</u>		c. LENGTH OF STAY (in this place) <u>13 yrs</u>		c. CITY OR TOWN <u>Salisbury</u>		e. 210			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>212 West 6th St.</u>				d. STREET ADDRESS (If rural, give location) <u>212 West 6th St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Davis</u> c. (Last) <u>Elmore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 13 1956</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec 19 - 1875</u>			
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		9. AGE (In years last birthday) <u>80</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Charles Allega</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Kilburn</u>			
14. NAME OF HUSBAND OR WIFE <u>Frank Phillip Elmore</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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Frank P. Elmore Salisbury, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arterio-sclerosis</u> DUE TO (c) <u>arterial hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Chronic cholecystitis 332X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>5 yrs</u> <u>25 yrs</u> <u>20 yrs</u>	
19a. DATE OF OPERATION <u>Aug 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Removal of benign ovarian cyst - left</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 out of 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>June 20 1936</u> to <u>Sept 13 1956</u> that I last saw the deceased alive on <u>Sept 12, 1956</u> and that death occurred at <u>3 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. L. Harms, M.D.</u> (Degree or title)				23b. ADDRESS <u>Salisbury, Mo.</u>		23c. DATE SIGNED <u>9/14/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept 15 - 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chariton County Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-14-56</u>		REGISTRAR'S SIGNATURE <u>W. J. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas B. Winckelmyer Salisbury Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Student
Student Embalmer

Signed *Chas B Winkelmeier*

Licensed Embalmer No. *3842*

P. O. Address *Salisbury 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.