

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31354

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

FILED SEP 26 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>m</u> <u>McDonald Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> <u>Delaware Co</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Noel</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grove</u>	
c. LENGTH OF STAY (in this place) <u>13 days</u>		d. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fountain Clinic</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u> b. (Middle) <u>(n)</u> c. (Last) <u>McElroy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 9th 1956</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH <u>May 16 1875</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR <u>3</u> Months <u>24</u> Days	IF UNDER 24 HRS. <u></u> Hours <u></u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife in own</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>W. J. Todd</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Thornton</u>		14. NAME OF HUSBAND OR WIFE <u>Anderson McElroy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edna Inlow R. R. Grove, Oklahoma</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastatic carcinoma</u>		
	DUE TO (c) <u>Primary carcinoma uterus</u>		
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		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?	
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22. I hereby certify that I attended the deceased from July 1956, to Sept 9, 1956, that I last saw the deceased alive on Sept 9, 1956, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edna Fountain</u>		23b. ADDRESS (Degree or title) <u>Moel, Mo</u>		23c. DATE SIGNED <u>Sept 12 56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Sept 14th 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Polson, Delaware Co. Near Grove, Oklahoma</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <u>9-18-56</u>		REGISTRAR'S SIGNATURE <u>Mayne Humphrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Worley Funeral Home Grove, Oklahoma</u>	
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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.