

FILED NOV 20 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36921

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY OR TOWN <u>Fairfax</u>	c. LENGTH OF STAY (in this place) <u>21 days</u>	c. CITY OR TOWN <u>Craig</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0411</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Edward</u> c. (Last) <u>Gelvin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Indicate)	8. DATE OF BIRTH <u>October 7, 1899</u>	9. AGE (In years last birthday) <u>57</u>	10 UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>River & Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mount City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William B. Gelvin</u>	13b. MOTHER'S MAIDEN NAME <u>Stella Patton</u>	14. NAME OF HUSBAND OR WIFE <u>Grace Gelvin</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>500-07-8404</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Everett Solekew - Jetmore, Kansas</u>	ADDRESS _____
---	--	---	---------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Liver Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of Liver</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 <u>11-4-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cirrhosis of Liver</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 Oct 1, 1956, to Nov 12, 1956, that I last saw the deceased alive on Nov 12, 1956, and that death occurred at 8:25 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Issac F. Sweaney M.D.</u> (Degree or title)	23b. ADDRESS <u>Craig, Missouri</u>	23c. DATE SIGNED <u>11-13-56</u>
---	-------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial & Removal</u>	24b. DATE <u>11/15/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Mount City, Mo.</u>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Nov 15, 1956</u>	REGISTRAR'S SIGNATURE <u>Thermin N. Schuler</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur L. Schuler</u>	ADDRESS <u>Craig, Mo.</u>
--	---	--	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

443

REVISED
1918

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 Myself....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wilber L. Schoeler.....

Licensed Embalmer No. 3997.....

P. O. Address Craig, 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.