

Health, Welfare, Public Service
 300
 -56
 Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms with age stated. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 -64.

FILED FEB 14 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1134
 STATE FILE NUMBER

Registration District No. 139 Primary Registration District No. 4225 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>HOLT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Holt</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>OREGON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>OREGON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb <u>Lifetime</u>		d. STREET ADDRESS (If outside, give location)		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>DAVID</u> Middle <u>HARLAN</u> Last <u>ELDER</u>				4. DATE OF DEATH Month <u>Feb</u> Day <u>3</u> Year <u>1957</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec 15, 1875</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and state or country) <u>Near Forest City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>James Tyler Elder</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Fellows</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>Spanish-American War</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>David Elder Jr. Oregon, Mo.</u>			Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-Vascular Accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Emphysema</u> DUE TO (c) <u>arteriosclerosis cerebral</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>2 wks</u> <u>unknown</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour <u>3:30</u> Month <u>Jan</u> Day <u>22</u> Year <u>1957</u> a. m. <u>AM</u> p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION, <u>Oregon, Missouri</u>		COUNTY		STATE	
21. I attended the deceased from <u>July 22</u> to <u>Feb 3, 1957</u> and last saw ^{her} him alive on <u>Feb 3, 1957</u> Death occurred at <u>3:30 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>J. J. Sweeney, M.D.</u> (Degree or title)				22b. ADDRESS <u>Oregon, Missouri</u>				22c. DATE SIGNED <u>2-3-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb 6, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>			23d. LOCATION (City, town, or county) <u>Oregon, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>James V. Pittman</u> ADDRESS <u>Oregon, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2/5/1957</u>		26. REGISTRAR'S SIGNATURE <u>James V. Pittman</u>			

(Licensed Embolmer's Statement on Reverse Side)

FEB 14 1957

APR 1 1957

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 *James H Pettijohn* Licensed Embalmer No. 311

P. O. Address *Oregon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.