

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5712

FILED MAR 14 1957

State File No. 22  
Registrar's No. 22

BIRTH NO. _____		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>5915</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>PERRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PERRY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CENTRAL TWP.</u>		c. LENGTH OF STAY (In this place) <u>0190</u>		c. CITY OR TOWN <u>PERRYVILLE</u>		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 <u>PERRYVILLE R.4</u>				e. STREET ADDRESS (If rural, give location) <u>R.4</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>SEBASTIAN</u> c. (Last) <u>ELDER</u>			4. DATE OF DEATH <u>March 3, 1957</u> (Month) (Day) (Year)				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JAN. 31, 1884</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of or health, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PERRY COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WM. F. ELDER</u>		13b. MOTHER'S MAIDEN NAME <u>PHILOMINE PECAUT</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>JAMES ELDER, PERRYVILLE, MO.</u> ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun Shot Wound to head</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND 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) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home R.R. 5 Perryville</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) <u>Perryville, Mo.</u> (STATE) <u>Mo.</u>		21d. TIME OF INJURY <u>03-3-1957 7 AM</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>22-cal Gun Shot Wound to head</u>					
22. I hereby certify that I attended the deceased from <u>Coroner of Perry County, Mo.</u> to <u>Coroner of Perry County, Mo.</u> that I last saw the deceased alive on <u>Coroner of Perry County, Mo.</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Om Nedman</u> (Degree or title) <u>Coroner of Perry County, Mo.</u>				23b. ADDRESS <u>Perryville, Mo.</u>		23c. DATE SIGNED <u>3/6/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 6, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>PERRYVILLE, MO.</u>		
DATE REC'D BY LOCAL REG. <u>3-6-57</u>		REGISTRAR'S SIGNATURE <u>Joseph Zellen</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Albert Bey, Perryville, Mo.</u> ADDRESS _____			

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

250

2172

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

Student.....  
Signature of Student Embalmer

Signed..... *Albert Bey*

Licensed Embalmer No. 382

P. O. Address *Perryville*

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.