

health, Welfare public service
 0000-56
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 (USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE)

XC 14 812 118

FILED JUN 26 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

318

1003

57 0 22 48 1
 STATE FILE NUMBER

5760
 Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N Grand St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN MEXICO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
35 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V. A. HOSPITAL			Length of stay in lb 91 Days		31 STREET ADDRESS VIR-MAR APARTMENTS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last ELBERT J. ELLEDGE				4. DATE OF DEATH Month Day Year 6/18/57			
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/9/87	9. AGE (In years last birthday) 70 yrs		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and state or country) Vandalia, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Otis E. Elledge				14. MOTHER'S MAIDEN NAME Betty Johnson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO. 492 05 5841		17. INFORMANT Address VA HOSPITAL RECORDS ST. LOUIS, MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL FIBROSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CORONARY ARTERIOSCLEROSIS DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 420.1							INTERVAL BETWEEN ONSET AND DEATH UNKNOWN 10 YEARS
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> NONE			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Hour Month Day Year a.m. 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		COUNTY STATE	
21. I attended the deceased from 3/19/57 to 6/18/57 and last saw him alive on 6/18/57 Depth occurred at 2:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>W. B. ...</i> (Degree or Title) 0				22b. ADDRESS M.D. VA HOSPITAL ST. LOUIS 6 MO.		22c. DATE SIGNED 6/18/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/19/57	23c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery		23d. LOCATION (City, town, or county) (State) Laddonia, Missouri		
24. FUNERAL DIRECTOR Arnold Funeral Home; Mexico, Mo				25. DATE RECD. BY LOCAL REG. JUN 20 '57		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 13 1955

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 *Harry G. G. [Signature]*

Licensed Embalmer No. 12

P.O. Address *Mexico*

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.