No. 300
10.48

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27787

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3017 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Spgs
c. LENGTH OF STAY (in this place): 23 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 700 BLOCK - TITUS Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: CLAY
c. CITY OR TOWN: Ex-Springs.
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
STREET ADDRESS (If rural, give location): 103½ Temple Street

3. NAME OF DECEASED (Type or Print)
a. (First): JUSTINE
b. (Middle): MUNSELL
c. (Last): ELMORE

4. DATE OF DEATH (Month) (Day) (Year): AUG 9 1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Nov 30-1902
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MEAT CUTTER
10b. KIND OF BUSINESS OR INDUSTRY: GROCERY
11. BIRTHPLACE (City and State or Foreign Country): CAMERON, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: MOSES ELMORE
13b. MOTHER'S MAIDEN NAME: LORA MUNSELL
14. NAME OF HUSBAND OR WIFE: NINA ELMORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W #2
16. SOCIAL SECURITY NO.: 494-12-8312
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS NINA ELMORE - Ex Springs Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary sclerosis
DUE TO (c): arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ~~Coronary infarction~~

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒ 2

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-28, 1957, *to* 8-9-, 1957, *that I last saw the deceased alive on* 8-9-, 1957, *and that death occurred at* 6:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George E Sanders M.D
23b. ADDRESS: Excelsior Springs Mo
23c. DATE SIGNED: 8-12-57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-12-1957
24c. NAME OF CEMETERY ~~OR CREMATORY~~: GRACELAND
24d. LOCATION (City, town, or county) (State): CAMERON Mo

DATE REC'D BY LOCAL REG.: 8/20/57
REGISTRAR'S SIGNATURE: Caroline Hutchings
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Virgil Hope, Excelsior Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

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

1

62-0

RECEIVED
SEP 4 1957
CLAY CO.
HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James A. Moles

Licensed Embalmer No. 3296

P. O. Address Ep Spring

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