

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39020

FILED DEC 9 - 1957

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 4081

S. 300
v. 1-57

| | | | |
|--|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Baring</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>K. O. H. Hospital</u> INSTITUTION | | Length of stay in lb <u>9</u> days | |
| 3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Milton</u> Last <u>Elder</u> | | 4. DATE OF DEATH Month <u>November</u> Day <u>25</u> Year <u>1957</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>January 28, 1875</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) <u>82</u> |
| 11. BIRTHPLACE (City and state or country) <u>Knox County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Alvis Elder</u> | | 13b. MOTHER'S MAIDEN NAME <u>Susanna Stark</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Elder</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT <u>Clarence Elder</u> Address <u>Baring, Missouri</u> |
| 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>Medullary Tumor & Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Branchial Pneumonia & Venous Thrombosis of Lower left leg & also Cerebral Thrombosis.</u> DUE TO (c) <u>Diabetes & Hypertensive heart Disease.</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>260X</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) | | | |
| 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT <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 <u>11-17-57</u> to <u>11-25-57</u> and last saw her alive on <u>11-24-57</u> Death occurred at <u>11:50 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Clarence W. Boone M.D.</u> | | 22b. ADDRESS <u>Kirksville, Missouri</u> | |
| 22c. DATE SIGNED <u>11-27-57</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Nov. 27, 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Pauline Cemetery</u> |
| 23d. LOCATION (City, town, or county) <u>Rutledge, Missouri</u> | | (State) | |
| 24. FUNERAL DIRECTOR <u>Leola B. Baskett</u> ADDRESS <u>Memphis, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>11-30-1957</u> | 26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

DEC 17 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 *Fred Smith*

Licensed Embalmer No. *4258*

P. O. Address *Valley, Va*

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.