

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020748
STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lakenan, Mo.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital	Length of stay in 1b 1-week	d. STREET ADDRESS 4 miles north of Lakenan	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Herbert	Middle Henry	Last Elwood	4. DATE OF DEATH	Month 6	Day 23	Year 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 15-1904	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months 4	Days 8	IF UNDER 24 HRS. Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and state or country) Shelby County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas H. Elwood	13b. MOTHER'S MAIDEN NAME Ora Ethel Daniel	14. NAME OF HUSBAND OR WIFE Gertrude Elwood
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. X	17. INFORMANT Mrs. Gertrude Elwood	Address Lakenan, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CIRCULATORY FAILURE	INTERVAL BETWEEN ONSET AND DEATH 30 MIN
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CORONARY THROMBOSIS WITH ANTERIOR	DUE TO (c) MYOCARDIAL INFARCTION	4201	10 DAYS
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GASTRITIS - GALL BLADDER DISEASE - ANEMIA, etc	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour 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
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21. I attended the deceased from Death occurred at 7:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.	6-16-58 to 6-22-58 and last saw him alive on 6-22-58
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22a. SIGNATURE Paul Laughlin Jr D.O.	(Degree or title)	22b. ADDRESS Kirksville, Mo	22c. DATE SIGNED 6-24-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-25-1958	23c. NAME OF CEMETERY OR CREMATORY Kendall	23d. LOCATION (City, town, or county) Kendall, Missouri	(State)
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24. FUNERAL DIRECTOR Barkelew & Davis	ADDRESS Shelbina, Mo.	25. DATE RECD. BY LOCAL REG. 6-26-58	26. REGISTRAR'S SIGNATURE Doris W. Ratliff
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Any diseases in Part I must be causally related.

FEB 13 1962

FEB 1 1962

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 D. Davis
Licensed Embalmer No. 4478
P. O. Address Shelby

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.