Health, Welfare Public Service

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FILED JUL 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026531
STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. 5962 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Platte	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall Marshall — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN St. Joseph 0117 0 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri River — Length of stay in 1b	d. STREET ADDRESS 401 E. Missouri Av. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Ernest, Middle L, Last Elder

4. DATE OF DEATH: Month JULY Day 11 Year 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Nov. 9, 1900

9. AGE (In years last birthday): 57 — 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): Driver

10b. KIND OF BUSINESS OR INDUSTRY: Cab Co.

11. BIRTHPLACE (City and state or country): St. Joseph, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edwin Elder

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 491-09-6543

17. INFORMANT: Mrs. Leona Elder, Address St. Joseph, Mo 401 E. Mo. Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACCIDENTAL DROWNING

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 9345 42

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MAN WAS Washed into Mo. River by Flood at Atchison, KANSAS 115

20c. TIME OF INJURY 1:15 Hour a. m. p. m. Month, Day, Year 7-11-58

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Public Street

20f. CITY, TOWN, OR LOCATION Atchison COUNTY STATE KANSAS

21. I attended the deceased from —, to — and last saw her/him alive on —
Death occurred at — m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Roland M. Giffee Coroner

22b. ADDRESS Platte City Mo

22c. DATE SIGNED 7-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE July 16, 58

23c. NAME OF CEMETERY OR CREMATORY Allen Cemetery

23d. LOCATION (City, town, or county) (State) Gower, Mo.

24. FUNERAL DIRECTOR Clark Funeral Home ADDRESS St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG. 7/30/58

26. REGISTRAR'S SIGNATURE Thomas C Dundon

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

FEB 2 1959

JUL 1968
RECEIVED
PLATTE COUNTY
HEALTH DEPT
By

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 42

P. O. Address

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.