

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037245  
State File No. ....

No. 300  
10-48

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FILED NOV 3 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Granby</b>		c. LENGTH OF STAY (in this place) <b>7 days</b>	c. CITY OR TOWN <b>Rural</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Carter Nursing Home</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>6750 Stella, Mo.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Elizabeth</b>	b. (Middle) <b>Arnetta</b>	c. (Last) <b>Elswick</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 20 1958</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 30 1874</b>	9. AGE (in years last birthday) (Month) (Day) (Hours) (Min.) <b>84 3 20</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeper</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Stella, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William Elswick</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Dunogan</b>	14. NAME OF HUSBAND OR WIFE <b>Single</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Edith Babb</b>	ADDRESS <b>Stella, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary Failure</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>1 hour</b>  <b>10 DAYS</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Anoxia</b>		
	DUE TO (c) <b>Myocardial Failure</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-10-58, 1958, to 10-20-, 1958, that I last saw the deceased alive on 10-10-, 1958, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. P. Polman</b>	(Degree or title) <b>D.O. 2</b>	23b. ADDRESS <b>Stella, Missouri</b>	23c. DATE SIGNED <b>10-23-58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-22-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wanda Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Stark City, Mo. Rural</b>
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DATE REC'D BY LOCAL REG. <b>Oct 24, 1958</b>	REGISTRAR'S SIGNATURE <b>M. L. Young</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Morris Rogers</b>	ADDRESS <b>Wheaton Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. Newton

District File No. 1058-224

Date Filed Oct 30 1958

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 W. Morris Logue

Licensed Embalmer No. 344

P. O. Address Wheaton

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.