

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-027967**

FILED VS JUL 26 1960

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6021 Registrar's No. 90

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Ray</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>ray</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Grape Grove Twn</b>    |  | Length of stay in 1b<br><b>12yrs</b>   | c. CITY OR TOWN <b>Grape Grove Twn.</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>        |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Own home</b> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|   |                                  |   |  |  |  |
|---|----------------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>CLAUDE ELVIN McELWEE</b>                               |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>July 12, 1960</b>     |  |  |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Mar. 22, 1896</b>                       | 9. AGE (last birthday)<br><b>64</b>                  | IF UNDER 1 YEAR<br>Months Days<br>IF UNDER 24 HR<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>laborer</b>         |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Bldg Construction</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Missouri</b>  | 12. CITIZEN OF WHAT COUNTRY<br><b>U, S</b>           |  |
| 13a. FATHER'S NAME<br><b>Thomas McELWEE</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Lucinda McBee</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Verna McElaewe</b> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> |                                  | 16. SOCIAL SECURITY NO.<br><b>499-20-1052</b>   | 17. INFORMANT Address<br><b>Verna McElwee, Braymer, Mo RFD</b> |  |  |

|   |                                     |  |
|---|-------------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |                                     | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a)   | <b>Coronary Thrombosis</b>          | <b>few minutes</b>   |
| DOE TO (b)  | <b>Coronary Arteriosclerosis</b>    | <b>many years</b>  |
| DOE TO (c)  | <b>Generalized Arteriosclerosis</b> | <b>many years</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                                     | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|   |   |  |       |
|---|---|--|-------|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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<br>Hour a.m. p.m.<br>Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <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 June 1948 to July 12, 1960 and last saw him alive on July 9, 1960  
Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

|   |  |  |   |
|---|--|--|---|
| 22a. SIGNATURE (Degree or title)<br><b>J. E. Goldberg M.D. MD</b>       | 22b. ADDRESS<br><b>Braymer, Missouri</b>         | 22c. DATE SIGNED<br><b>7/14/60</b>                         |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>              | 23b. DATE<br><b>7-15-60</b>                      | 23c. NAME OF CEMETERY OR CREMATORY<br><b>BlackOak Cem.</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Braymer, Missouri</b> |
| 24. FUNERAL DIRECTOR<br><b>Mead-Pitts Funeral Service, Braymer, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>7-21-1960</b> | 26. REGISTRAR'S SIGNATURE<br><b>Malcolm Jackson</b>        |   |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 27 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Ronald J. Mead*

Licensed Embalmer No. 2801

P. O. Address Braymer, Mo

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.

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8/5  
3/12