

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012704

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 16

FILED MAR 29 1963

VS 300
Rev. 4/59

1 0810

2 0850

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7 0

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9 9331X

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12 86-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. James</u>		Length of stay in 1b <u>2 years</u>	c. CITY OR TOWN <u>Dixon</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. James Soldier's Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Dixon</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Maudie Gertrude Elkins</u>			4. DATE OF DEATH Month Day Year <u>3 15 1963</u>
5. SEX <u>Female</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>1/19/1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	9. AGE (last birthday) <u>80</u> IF UNDER 1-YEAR Months Days IF UNDER 24 HR Hours Min.
13a. FATHER'S NAME <u>Joseph Eddington</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	11. BIRTHPLACE (City and state or country) <u>Maries County, Mo.</u> 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	14. NAME OF HUSBAND OR WIFE <u>H. R. Elkins</u> Address <u>Route #1, Box 158A Webb City, Missouri</u>
17. INFORMANT <u>Mrs. D. D. Horrom</u>		17. INFORMANT <u>Mrs. D. D. Horrom</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>Cerebrovascular accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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 Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>Nov 1961</u> to <u>2/15/67</u> and last saw her alive on <u>3/15/67</u> . Death occurred at <u>11:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Of grave or title) <u>Danny J. Powell MD</u>		22b. ADDRESS <u>Dixon, Mo.</u>	22c. DATE SIGNED <u>3/10/67</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/17/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dixon Cemetery</u>	23d. LOCATION (City, town, or county) <u>Dixon, Missouri</u>
24. FUNERAL DIRECTOR <u>Gilbert Funeral Home, Inc., Dixon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-22-63</u>	26. REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 Maurice E. Schirbaum

Licensed Embalmer No. 1505

P. O. Address Dixon, Missouri

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.