

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014610

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 27 1963

Primary Registration District No. 6140 Registrar's No. 4

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbina		Length of stay in 1b 16 Months		c. CITY OR TOWN Clay Township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5 Miles Sw of Shelbina	
3. NAME OF DECEASED (Type or print) First Middle Last Albert D. McElhiney			4. DATE OF DEATH Month Day Year 3-16-1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-1-1875	9. AGE (last birthday) 87	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 11 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Putnam Co., Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Henry H. McElhiney		13b. MOTHER'S MAIDEN NAME Charlotte West	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No None		16. SOCIAL SECURITY NO.	
17. INFORMANT William D. McElhiney Lentner, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 wk.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Virus influenza		1 Mo.	
DUE TO (c) Senile		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. <input type="checkbox"/> Yes <input 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 a.m. p.m.		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 2-22-73 to 23 3-15-63 and last saw ^{her} _{him} alive on 3-15-63 Death occurred at 9:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) G. H. Tomei D.O.			22b. ADDRESS Shelbina, Mo.		22c. DATE SIGNED 3-18-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-19-1963	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		23d. LOCATION (City, town, or county) (State) Shelbina, Missouri
24. FUNERAL DIRECTOR Barkelaw & Davis		ADDRESS Shelbina, Mo.		25. DATE RECD. BY LOCAL REG. 3/23/63	26. REGISTRAR'S SIGNATURE Nolan Allison

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 O. Davis

Licensed Embalmer No. 4478

P. O. Address Shelby, 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.

Permit obtained 3-23-68 (N.O.)