MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050824

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 7097 STATE FILE NUMBER

FILED JAN 17 1964

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 18 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VA Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1311 Summit — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RICHARD Middle GLENN Last MC ELFISH

4. DATE OF DEATH: Month December Day 27 Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 2-17-17
9. AGE (last birthday): 46 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender
10b. KIND OF BUSINESS OR INDUSTRY: Tavern
11. BIRTHPLACE (City and state or country): Rockport, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John C. McElfish
13b. MOTHER'S MAIDEN NAME: Cora Ellen Cadule
14. NAME OF HUSBAND OR WIFE: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of servi WW II
16. SOCIAL SECURITY NO.
17. INFORMANT Address: VA Hospital Official Records

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): MASSIVE BLEEDING
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): NECROSIS OF RECURRENT CA OF TONSILLAR FOSSA
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from Jan. 14, 1963, to Dec. 27, 1963 xxxxxxxxxxxx
Death occurred at 3:55 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Norman K. Lee M.D.
22b. ADDRESS: VA Hospital, Kans City, Mo.
22c. DATE SIGNED: 12-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 31, 1963
23c. NAME OF CEMETERY OR ~~CREMATORY~~: National Cemetery
23d. LOCATION (City, town, or county) (State): Fort Leavenworth, Kansas

24. FUNERAL DIRECTOR ADDRESS: D. W. Newcomer"s Sons 1331 Brush Creek, Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 12-30-63
26. REGISTRAR'S SIGNATURE: Bessie Smith

MEDICAL CERTIFICATION: Norman K. Lee

(Licensed Embalmer's Statement on Reverse Side)

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 Eldon Norris, Student Embalmer No. 700 working under my personal supervision.

Student Eldon Norris
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indep., 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.