

STANDARD CERTIFICATE OF DEATH

State File No. **8711**

BIRTH MO. **FILED MAR 30 1953** REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **4024** Registrar's No. **26**

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

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY OR TOWN Cassville		c. CITY OR TOWN Cassville 0050	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) Elisha		c. (Last) Metcalf	
a. (First)		b. (Middle)	
4. DATE OF DEATH 3-26-1953		4. DATE OF DEATH (Month) (Day) (Year)	
5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 10-13-1858	
9. AGE (In years last birthday) 94		if UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farm	
11. BIRTHPLACE (City and State or Foreign Country) Jackson County, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hiram Metcalf		13b. MOTHER'S MAIDEN NAME Mary Gabbard	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. James Long-Cassville, Missouri		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Typhoid degeneration DUE TO (c) Essential Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 3 days 2 years 5 years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443 X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov-5, 1952 , to March, 1953 , that I last saw the deceased alive on March 5, 1953 , and that death occurred at 8 A.M. , from the causes and on the date stated above.			
23. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Cassville, MO	
23c. DATE SIGNED 3-28-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-29, 1953	
24c. NAME OF CEMETERY OR CREMATORY Elm Springs Cemetery		24d. LOCATION (City, town, or county) (State) Stella, Missouri	
DATE REC'D BY LOCAL REG. 3-28-'53		REGISTRAR'S SIGNATURE Grace Williams	
25. FEDERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Cassville, Mo	

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
Student Embalmer

Signed Elmer D. Tipton.....

Licensed Embalmer No. 4817.....

P. O. Address Cassville, 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 this body is not embalmed, fact should be so stated above.