

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **10341**

FILED APR 12 1956

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>		
b. CITY OR TOWN <b>Desloge</b>		c. LENGTH OF STAY (in this place) <b>14yrs.</b>	c. CITY OR TOWN <b>Desloge</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>201 S Grant St.</b>			e. STREET ADDRESS (If rural, give location) <b>201 S Grant Street</b> <span style="float: right;">0940</span>		
3. NAME OF DECEASED (Type or Print)	a. (First) <b>Gilbert</b>	b. (Middle) <b>Milton</b>	c. (Last) <b>Elders</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 1st. 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 15th. 1896</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR: Months <b>7</b> Days <b>16</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Lead Industry</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Madison County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>John Elders</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Danley</b>		14. NAME OF <del>deceased</del> WIFE <b>Maggie Cole Elders</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>493 03 9037</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Maggie Elders, Desloge, Mo.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>15 hrs</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Arterio-sclerosis Coronary.</b>  II. OTHER SIGNIFICANT CONDITIONS <b>artery</b> Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>4201</b>			
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 <del>at the residence</del> <b>at the residence</b> , 19____, that I last saw the deceased alive on <b>4-1-56</b> , at <b>Desloge, Mo.</b> , and that death occurred at <b>1:00A</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>J. C. Raabe M.D.</b> (Degree or title)			23b. ADDRESS <b>Desloge Mo</b>		23c. DATE SIGNED <b>4-2-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr. 4th. '56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Doe Run Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Doe Run Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Apr. 2, 1956</b>	REGISTRAR'S SIGNATURE <b>E. R. Rudloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.Z. Boyer &amp; Son Desloge, Mo</b>		

(Licensed Embalmers' Statement on Reverse Side)

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

1 JUL 13 1956

**STATEMENT BY LICENSED EMBALMER**

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

Student.....  
Signature of Student Embalmer

Signed..... *E. J. Hooper* .....  
Licensed Embalmer No. 1671

P. O. Address Desloge, Mi.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.