

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-035837

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. \_\_\_\_\_ Registrar's No. 396

FILED SEP 24 1962

VS 300 Rev. 4/59	DATE AMENDED		
1 0940			
2 0940			
3 2			
4 1			
5 1			
6			
7 0			
8 2			
9 4500			
10			
11			
12 90-2			
13 1-0			
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	BY AFFIDAVIT OF
ITEM NO.	SHOULD READ		

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>St. Francois</b>		a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Farmington, Missouri.</b>		Length of stay in 1b <b>1 week</b>	c. CITY OR TOWN <b>Bismarck, Missouri</b>
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTIC <b>R. R. Farmington</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Bismarck, Missouri</b>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	5. AGE (last birthday)
First <b>Lou</b> Middle <b>Mary</b> Last <b>Elders</b>		Month <b>Sept.</b> Day <b>6</b> Year <b>1962</b>	86
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/27/76</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Cape Co. Mo.</b>
13a. FATHER'S NAME <b>John Kennon</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Needham</b>	14. NAME OF HUSBAND <b>Jesse Elders</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mable Byington, Bismarck, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Congestive Circulatory Failure</b>			<b>weeks</b>
DUE TO (b) <b>Decompensated Heart Disease</b>			<b>months</b>
DUE TO (c) <b>Arteriosclerosis</b>			<b>Years</b>
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 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 a.m. p.m. Month, Day, Year			
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 <b>May 5, 1960</b> to <b>August 28, 1962</b> and last saw her alive on <b>August 28, 1962</b>			
Death occurred at <b>11:45 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>M. M. Beck</b> (Degree or title) <b>D.O.</b>		22b. ADDRESS <b>Bismarck, Missouri</b>	22c. DATE SIGNED <b>9/10/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 9, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Bismarck, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>R. Caldwell &amp; Sons Flat River, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Sept. 10, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Ester Rudloff</b>

USE BLACK INK OR TYPEWRITER RIBBON

OCT 9 1962

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

*R. Caldwell*

Licensed Embalmer No.

2531

P. O. Address

Flat River, 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.