

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7252

State File No.

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>	
b. CITY OR TOWN <u>Slater</u>		c. CITY OR TOWN <u>Slater Mo 0971</u>	
c. LENGTH OF STAY (in this place) <u>50yr</u>		d. STREET ADDRESS (If rural, give location) <u>406 N. Broadway. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>406 N. Broadway</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henderson</u> c. (Last) <u>Elgin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 2 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-13-1863</u>
9. AGE (In years last birthday) <u>87</u>		if UNDER 1 YEAR Months <u>1</u> Days <u>19</u>	if UNDER 12 mos. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Va. 1</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Charles L. Elgin</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Foster</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Alice Elgin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Tucker Elgin</u>		ADDRESS <u>Slater Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchitis-Pneumonia (Terminal)</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2/9/50 X</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <u>Feb 27, 1952</u> , to <u>March 2, 1952</u> , that I last saw the deceased alive on <u>March 2, 1952</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. C. Higgins MD</u>		23b. ADDRESS <u>Slater Mo</u>	
23c. DATE SIGNED <u>3/3/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-4-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Arrow Rock</u>		24d. LOCATION (City, town, or county) (State) <u>Arrow Rock - Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/4/50</u>		REGISTRAR'S SIGNATURE <u>Mo. Earl C. Metz</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hill Brothers</u>		ADDRESS <u>Slater Mo</u>	

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

971

RECEIVED MAR 10
District Health Officer No. 8,

District File Number _____
Date Filed 3-10-58

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.

Signed Gary F. Hays, Jr.
Licensed Embalmer No. 4630
P. O. Address 242 Lincoln

Signed _____
Student Embalmer

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.