No. 300
30.48

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2165

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pike Co. Hosp. O

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pike 42 0 3 0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarksville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): David
c. (Last): Elgin

4. DATE OF DEATH (Month) (Day) (Year): Jan 5 1949

5. SEX: Male 2
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower 2
8. DATE OF BIRTH: Dec 25-1872
9. AGE (In years last birthday): 76 — If under 1 year: Months 0, Days 7 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Clarksville, Mo
12. CITIZEN OF WHAT COUNTRY?: Pike

13a. FATHER'S NAME: James Elgin
13b. MOTHER'S MAIDEN NAME: Bettie Beauchamp
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 709-12-4118
17. INFORMANT'S SIGNATURE OR NAME: Dayse M. Tucker — **ADDRESS**: Clarksville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute gangrenous Appendix — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pulmonary Embolism
Post-operative
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: 1-5-49
19b. MAJOR FINDINGS OF OPERATION: Gangrenous Appendix
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-5, 1949, *to* 1-5, 1949, *that I last saw the deceased alive on* 1-5, 1949, *and that death occurred at* 2:40 PM, *from the causes and on the date stated above.*

23. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Louisiana, Missouri
23c. DATE SIGNED: 1-6-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/7/49
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): CLARKSVILLE, Mo

DATE REC'D BY LOCAL REG.: 1/6/49
REGISTRAR'S SIGNATURE: Bernice Collier 374
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Harry Carroll - Clarksville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 25 1949

NOV 17 1952

FEB 16 1949

NOV 14 1952

JAN 25 1949

RECEIVED
District Health Officer No. 10
District File Number 1-49-85
Date Filed JAN 14 1949

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 George M. Collier

Signed _____
Student Embalmer

Licensed Embalmer No. 3839

P. O. Address Louisiana, 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.