

FILED MAR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3923**

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **4003** Registrar's No. **62**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gibbs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gibbs	
c. LENGTH OF STAY (in this place) 7 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Alice	b. (Middle) Matilda	c. (Last) Elmore	2/22 1949		

5. SEX F	6. COLOR OR RACE E	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4/18 1868	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? no
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13a. FATHER'S NAME David W. Begole	13b. MOTHER'S MAIDEN NAME Lidia Stanford	14. NAME OF HUSBAND OR WIFE Terry E. Elmore
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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. none	17. INFORMANT'S SIGNATURE OR NAME Aubrey C. Elmore	ADDRESS Gibbs Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Fractured hip		
	ANTECEDENT CAUSES DUE TO (b) Anemia Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Good		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ball Bladder trouble			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Fractured left hip	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Gibbs Adair Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 22-1948 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell down
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22. I hereby certify that I attended the deceased from **Sept**, 1948, to **Feb**, 1949, that I last saw the deceased alive on **Feb 11**, 1949, and that death occurred at **2 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.M.H. Humphrey M.D.	23b. ADDRESS Brookline Mo.	23c. DATE SIGNED 2-25-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/24 1949	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	24d. LOCATION (City, town, or county) (State) Gibbs Mo.
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DATE REC'D BY LOCAL REG. 2-28-49	REGISTRAR'S SIGNATURE Iate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Geo. Headley	ADDRESS Lundland Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 24 1953

RECEIVED
District Health Officer No. 6
District File Number 3-49-46
Date Filed MAR 10 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 Gertrude Easley Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 3755

P. O. Address Hurdland M

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.