

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18643

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 654

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buch.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Washington	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) R. F. D. # 5	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) Winfred c. (Last) Elam			4. DATE OF DEATH (Month) (Day) (Year) June 9, 1949		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 28, 1883		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days		IF UNDER 48 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Employee				10b. KIND OF BUSINESS OR INDUSTRY Box Factory				11. BIRTHPLACE (State or foreign country) Hamilton, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			
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13a. FATHER'S NAME William Elam				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Elsie			
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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. 491-09-0315				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elsie Elam-St. Joseph, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH 5 days	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage - ar.									
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension (arterial)									
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								331X	

19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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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)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from 6-7 1949, to 6-9 1949, that I last saw the deceased alive on 6-9 1949, and that death occurred at 5:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. J. Fioravanti, M.D.				23b. ADDRESS St. Joseph, Mo.				23c. DATE SIGNED 6-10-49			
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24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 6-11-49		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
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DATE REC'D BY LOCAL REG June 14, 1949		REGISTRAR'S SIGNATURE E. L. Jenkins		GENERAL DIRECTOR'S SIGNATURE Stamey Funeral Home		ADDRESS St. Joseph, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Charles M. Haman

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4487

P. O. Address _____

St. Joseph

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.