

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30910

BIRTH NO. _____		REG. DIST. NO. 171		PRIMARY REG. DIST. NO. 4267		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY Lafayette <i>Odessa</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, write RURAL and give town) Rural Washington Twms		c. LENGTH OF STAY (In this place) 35 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Rural Washington Twms		54000	
d. FULL NAME OF HOSPITAL OR INSTITUTION.				d. STREET ADDRESS (If rural, give location) 6 Mh Noth of Odessa			
3. NAME OF DECEASED (Type or Print)		a. (First) Lillian		b. (Middle) Susan		c. (Last) McElmurray	
4. DATE OF DEATH		Aug. 13, 1949		5. SEX		Fe	
6. COLOR OR RACE		W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		Married	
8. DATE OF BIRTH		Aug. 11, 1892		9. AGE (In years last birthday)		57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Housewife				Missouri		USA	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
Crosby S. Goodloe		Nannie F. Mitchell		Earl McElmurray			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Earl McElmurray Odessa, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. <u>Arteriosclerosis (Sen)</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>Indefinite</u> <u>4201</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) (Min)		21e. INJURY OCCURRED WHILE AT 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>Aug 10</u> , 1949, to <u>Aug 13</u> , 1949, that I last saw the deceased alive on <u>Aug 13</u> , 1949, and that death occurred at <u>5:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED			
<u>E. J. Slaughter D.O.</u>		<u>Odessa Mo</u>		<u>Aug 15 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		Aug. 15, 1949		Greenton Cemetery		Odessa, Mo.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
Aug 15 '49		<u>Lella Dr...</u>		<u>Husman-Sparks</u>		Odessa, Mo.	

(Licensed Embellisher's Statement on Reverse Side)

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

RECEIVED SEP 2

District Health Officer No. 8,

District File Number _____

Date Filed 9-16-49

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
Student Embalmer

Signed Irving L. Husman
Licensed Embalmer No. 7541

P. O. Address Osborn, Wis

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.