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

FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32782

BIRTH NO. _____ REG. DIST. NO. 355 PRIMARY REG. DIST. NO. 6203 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY TEXAS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL CURRENT		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL CURRENT	
c. LENGTH OF STAY (in this place) 6 mo		d. STREET ADDRESS (If rural, give location) 3 MI N.W. HARTSHORN	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) JEFFERSON b. (Middle) DAVIS c. (Last) ELKINS			4. DATE OF DEATH (Month) (Day) (Year) SEPT 3 1949			
5. SEX MALE	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 11 1871	9. AGE (in years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) CREEK, TENN		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WILLIAM ELKINS		13b. MOTHER'S MAIDEN NAME LOUISE REEVES		14. NAME OF HUSBAND, OR WIFE Bertie ELKINS	
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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 MRS. EVA SCHMUKI		ADDRESS HARTSHORN	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. Acute Cardiac dilatation & pulmonary & respiratory failure DUE TO (b) Arteriosclerotic degenerative decompensative heart disease 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 42X	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 Apr. 1, 1949, to Sept. 12, 1949, that I last saw the deceased alive on 8/22, 1949, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. J. Burns, M.D.		23b. ADDRESS Houston, Mo		23c. DATE SIGNED Sept 8, 49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-49		24c. NAME OF CEMETERY OR CREMATORY HOUSTON		24d. LOCATION (City, town, or county) (State) HOUSTON MO	
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DATE REC'D BY LOCAL REG. SEPT. 30-49		REGISTRAR'S SIGNATURE Anna Roberts		433		25. FUNERAL DIRECTOR'S SIGNATURE Rayford V. Elliott		ADDRESS HOUSTON, MO	
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(Licensed Embalmer's Statement—Reverse Side)

Recd
Sept
10
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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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.