

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35968

BIRTH NO. _____ REG. DIST. NO. 320 PRIMARY REG. DIST. NO. 6080 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY STE GENEVIEVE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY STE GENEVIEVE				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural SALINETS		c. LENGTH OF STAY (In this place) 25 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SALINE Twp.		d. STREET ADDRESS (If rural, give location) NEAR FARMINGTON		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1				d. STREET ADDRESS (If rural, give location) NEAR FARMINGTON				
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELIZA BETH c. (Last) ELWOOD			4. DATE OF DEATH (Month) (Day) (Year) OCT 23 1949					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 10 1859		9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 4 Days 13	IF UNDER 24 HRS. Hours _____ Min. _____	
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) GERMANIA		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME TOM. ARMON		13b. MOTHER'S MAIDEN NAME ELIZABETH HOUSE		14. NAME OF HUSBAND OR WIFE CHAS. ELWOOD				
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 CHAS BROHAMBO ADDRESS FARMINGTON MO 3				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemic Uremia				DUPLICATE OF (b) Carcinoma of head & face.				3 wks.
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				DUPLICATE OF (c)				2 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								1991
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Sept 15, 1949 , to Oct. 23, 1949 , that I last saw the deceased alive on Sept. 15, 1949 , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Dr. Geo. R. Watkins M.D.				23b. ADDRESS Farmington Mo		23c. DATE SIGNED 10-27-49		
24a. BURIAL, CREMATION, OR OTHER DISPOSAL BURIAL		24b. DATE OCT 25 1949	24c. NAME OF CEMETERY OR CREMATORY WOOD LAWN Cem.		24d. LOCATION (City, town, or county) (State) NEAR FLAT RIVER MO			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Oct 29, 1949		REG. NO. 350		25. FUNERAL DIRECTOR'S SIGNATURE Carl C. Cozart		ADDRESS Farmington		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-3-49

City Health Officer No. 4

or File Number 1149-1454

Date Filed

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

W. Cozear

Licensed Embalmer No. 4084

P. O. Address Farmington

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.