

FILED NOV 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36133

BIRTH NO. _____		REG. DIST. NO. 373		PRIMARY REG. DIST. NO. 4545		Registrar's No. 57	
1. PLACE OF DEATH a. COUNTY Webster				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Laclede			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshfield		c. LENGTH OF STAY (in this place) 5 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Conway		530	
d. FULL NAME OF HOSPITAL OR INSTITUTION George Nursing Home				d. STREET ADDRESS (If rural, give location) X			
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Everett c. (Last) McElwain			4. DATE OF DEATH (Month) (Day) (Year) Sept. 9-1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH January 24-1867		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months x	IF UNDER 6 WEEKS Days x
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building contractor		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Webster County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME James W. McElwain		13b. MOTHER'S MAIDEN NAME Elizabeth Vititoe		14. NAME OF HUSBAND OR WIFE Caroline B. McElwain			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. Chester Moffatt - Springfield, 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) Secondary Anemia & Exhaustion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe, Repeated, Gastro-Intestinal Hemorrhages. Probably DUE TO (c) Malignancy in G-I tract.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH Several Months Unknown. 159X
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)		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 July 19 49, to Sept. 9, 1949, that I last saw the deceased alive on Sept. 9, 1949, and that death occurred at 9:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C.P. Macdonnell M.D. U			23b. ADDRESS Marshfield, Mo.			23c. DATE SIGNED 9/10/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-11-'49	24c. NAME OF CEMETERY OR CREMATORY Conway		24d. LOCATION (City, town, or county) (State) Conway, Missouri		
DATE REC'D BY LOCAL REG. 10/17/49		REGISTRAR'S SIGNATURE Francis 392		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sex Piney - Marshfield, Mo.			

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

RECEIVED NOV 1 1949  
District Health Office No. 6,  
District File Number 1149-1193  
Date Filed 11-1-49

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.

Signed \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3312

P. O. Address Marshfield, Ma

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.