

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43643

State File No. _____

3

FILED FEB 10 1950

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 5453 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookline		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Republic	
d. FULL NAME OF HOSPITAL OR INSTITUTION Railroad Crossing		d. STREET ADDRESS (If rural, give location) Route 2	

3. NAME OF DECEASED (Type or Print) Norma	a. (First)	b. (Middle)	c. (Last) McElhany	4. DATE OF DEATH December 16, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 27, 1923	9. AGE (In years last birthday) 26	10. MONTH 3	11. DAY 19	12. CITIZEN OF WHAT COUNTRY? U.S.A
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY In Home	11. BIRTHPLACE (State or foreign country) Brookland, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Earl Newcom	13b. MOTHER'S MAIDEN NAME Anna Koedel	14. NAME OF HUSBAND OR WIFE Leon McElhany
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull Fracture and Internal Injuries		INTERVAL BETWEEN ONSET AND DEATH Instant 8:17 27
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		

19a. DATE OF OPERATION none	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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) R.R. Crossing	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Greene Mo.
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21d. TIME OF INJURY 12 16 49 5P m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car-Train Accident
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased dead _____, 12-16-49, and that death occurred at _____ 5 P.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) Coroner 3	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 12-17-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec 20, 1949	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	24d. LOCATION (City, town, or county) (State) Republic, Missouri
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DATE REC'D BY LOCAL REG. Feb-1-1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Springfield, Mo.
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Dec-17-1949

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Greene County Health Office,

County File Number 50-2-7

Date Filed 2-9-50

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed _____

Licensed Embalmer No. 3802

P. O. Address Springfield

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.