

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1842

FILED FEB 15 1950

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5815 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY OR TOWN Rural Haw Creek	c. LENGTH OF STAY (in this place) 14 Years	c. CITY OR TOWN Rural Haw Creek Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 Miles North of Stover		d. STREET ADDRESS (If rural, give location) 5 Miles North of Stover, MO.	

3. NAME OF DECEASED (Type or Print) a. (First) CLAUD b. (Middle) JEWEL c. (Last) ELKINS			4. DATE OF DEATH (Month) (Day) (Year) Feb 7 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 26, 1900	9. AGE (In years last birthday) 49	10. IF UNDER 1 YEAR Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Harming	11. BIRTHPLACE (State or foreign country) Sedalia, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ben V. Elkins	13b. MOTHER'S MAIDEN NAME Emma Grimes	14. NAME OF HUSBAND OR WIFE Gertrude Elkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes W. W. # 1		16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Gertrude Elkins, Stover, Mo.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bladder		DUE TO (b) _____		191X
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 July 14, 1949	19b. MAJOR FINDINGS OF OPERATION adenocarcinoma of Bladder.		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) m.	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 Aug 11, 1949, to Feb 7, 1950, that I last saw the deceased alive on Jan 5, 1950, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE Ruth Kaufman, M.D.		(Degree or title)	23b. ADDRESS Verisailles, Mo.	23c. DATE SIGNED 2-9-50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Feb 10 1950	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia Missouri.	
DATE REC'D BY LOCAL REG. Feb 9th 1950	REGISTRAR'S SIGNATURE Dr. L. Ripberger	25. FURNERAL DIRECTOR'S SIGNATURE H. Stevinson	ADDRESS Stover, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

0710

0710

FEB 1 8 1950

FEB 17 1950

RECEIVED

District Health Officer No. 7

District File Number 1-50-62

Date Filed 2-13-50

NOV 5 1951

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 J L Stevinson

Licensed Embalmer No. 4073

P. O. Address Stover, Missouri.

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.