

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

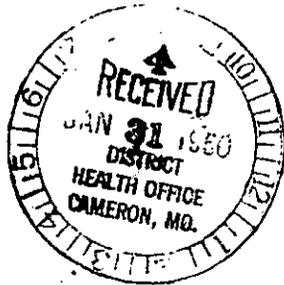
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 2 1950

State File No. **3704**

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 10000 4576		Registrar's No. 2	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Worth		b. CITY (If outside corporate limits, write RURAL and give township) Denver mo		a. STATE mo		b. COUNTY Worth	
c. LENGTH OF STAY (in this place) 5 1/2 mo		c. CITY (If outside corporate limits, write RURAL and give township) Denver mo		d. STREET ADDRESS (If rural, give location)		1130	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX MA	
a. (First) CYPUS	b. (Middle) -	c. (Last) M. S. ELVAIN	Month Jan	Day 14	Year 1950	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
5. SEX MA		6. COLOR OR RACE W		8. DATE OF BIRTH June 19 1848		9. AGE (In years last birthday) 101	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) De Grunow Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Andrew M. S. Elvain		13b. MOTHER'S MAIDEN NAME Reborah Lamb		14. NAME OF HUSBAND OR WIFE Oliver M. M. Elvain			
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.		17. INFORMANT'S SIGNATURE OR NAME Alpha M. S. Elvain ADDRESS Denver mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of right ear - throat				INTERVAL BETWEEN ONSET AND DEATH 5 yrs			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS Age - 101 yrs			
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) <input checked="" type="checkbox"/>		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? <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from _____, 19 <u>41</u> , to <u>1-14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-17</u> , 19 <u>50</u> , and that death occurred at <u>4:00</u> P.m., from the causes and on the date stated above.							
23a. SIGNATURE F. Pass, M.D. (Degree or title)				23b. ADDRESS Franklin mo		23c. DATE SIGNED 1-15-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 16 - 1950		24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery		24d. LOCATION (City, town, or county) (State) Denver mo - Rural	
DATE REC'D BY LOCAL REG. Jan 28 50		REGISTRAR'S SIGNATURE Peter E. Dawson		345 FUNDING DIRECTOR'S SIGNATURE Ka. Bram		ADDRESS Denver mo	

(Licensed Embalmer's Statement on Reverse Side)



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. A. [Signature]
2847
Licensed Embalmer No.

P. O. Address.....
[Signature]

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.