

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9427

State File No.

0570

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

BIRTH NO.		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>5613</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>KNOX</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural</u>)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>12 Miles North of Edina.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary A.</u> b. (Middle) <u>Agnes</u> c. (Last) <u>Elder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 21 1950</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 10, 1878</u>		9. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Bellville, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Wm M. West</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah M. Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>G. M. Elder</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Everett Hayward Rutledge</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral accident (Hemiplegia)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Cardio-Vascular Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>442X</u>	
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) 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 <u>Feb 1, 1950</u> , to <u>March 20, 1950</u> , that I last saw the deceased alive on <u>March 20, 1950</u> , and that death occurred at <u>1:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harry H. Williams, D.O.</u>				23b. ADDRESS <u>Edison Hospital Edina</u>		23c. DATE SIGNED <u>3/21/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 23</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pauline Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rutledge, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-23-50</u>		REGISTRAR'S SIGNATURE <u>Nelle S. Hurst</u>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs J. W. Hudson</u>			

RECEIVED

APR 3 1

District Health Officer No

District File Number 4-50-

Date Filed APR 3 1950

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 Mrs. J. W. Hudson

Signed _____
Student Embalmer

Licensed Embalmer No. 2972

P. O. Address Edina, Mo

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.