

FILED MAR 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

9901

State File No. ....

0840  
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BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST., NO. <u>5979</u>		Registrar's No. <u>38</u>		
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN "Rural" Looney Twp.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>"Rural" Benton Twp.</u>		6840		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>in Ambulance on Highway 13</u>				d. STREET ADDRESS (If rural, give location) <u>2 miles west of Halfway</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roscoe</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>Elwyn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 19 1950</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 30, 1890</u>		
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 12 HRS. Hours   Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Pharmacist</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Drug store</u>		11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Elwyn</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Wilson</u>			14. NAME OF HUSBAND OR WIFE <u>Esther Elwyn</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>W.W. I</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Esther Elwyn</u>		ADDRESS <u>Halfway, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. - It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide - gun shot wound in right side</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>of head above ear. (.22 rifle)</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH  <u>976X</u>	
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) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Benton Twp. Polk Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar. 19, 1950 5:p m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>By his own hand.</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Ralph Garden per Jewell Jordan, Polk Co. Coroner</u>				23b. ADDRESS <u>Bolivar, Mo.</u>		23c. DATE SIGNED <u>3-20-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial #1</u>		24b. DATE <u>Mar. 21, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Polk County Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Mar. 21 1950</u>		REGISTRAR'S SIGNATURE <u>Ralph Garden per Jewell Jordan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>258 Turpin Funeral Home</u>		ADDRESS <u>Bolivar, Mo.</u>		

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

RECEIVED

District Health Officer No. 71

District File Number 2-50-29

Date Filed 3-27-50

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed \_\_\_\_\_

Licensed Embalmer No. 3053

P. O. Address Holivar, 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.