

FILED MAR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11648**

BIRTH NO. 12574-50 REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4501 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY unklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield.		c. LENGTH OF STAY (In this place) 1 day	
d. FULL NAME OF HOSPITAL OR INSTITUTION Davis & Hemphill Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden.	
		d. STREET ADDRESS (If rural, give location) M. A. A. F.	
3. NAME OF DECEASED (Type or Print) a. (First) Male b. (Middle) Andrew c. (Last) Elkins			4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1950
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Feb. 21, 1950.
9. AGE (In years last birthday) 6		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	
11. BIRTHPLACE (State or foreign country) Bloomfield, Mo.		12. CITIZEN OF WHAT COUNTRY? Stoddard	
13a. FATHER'S NAME Ralph W. Elkins		13b. MOTHER'S MAIDEN NAME Bulah Mitchell	
14. NAME OF HUSBAND OR WIFE			
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 Ralph W. Elkins		ADDRESS Malden, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 1 day 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		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)		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 Feb 27, 1950 , to Feb 27, 1950 , that I last saw the deceased alive on Feb 27, 1950 , and that death occurred at 2:00 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Gordon Hemphill D.O.		23b. ADDRESS Bloomfield, Mo.	
23c. DATE SIGNED 3-4-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE March, 1. 50.	
24c. NAME OF CEMETERY OR CREMATORY Malden, Mo.		24d. LOCATION (City, town, or county) (State) Malden, Mo.	
DATE REC'D BY LOCAL REG. Mar. 7-50		REGISTRAR'S SIGNATURE Rose Webber	
25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Service		ADDRESS Dexter, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 10 1950
District Health Office No. 2
District File Number 350-178
Date Filed _____

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 _____

Raymond L. Duffie

Student Embalmer No. 361

working under my personal supervision.

Student _____

Raymond L. Duffie
Student Embalmer

Signed _____

Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.