

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

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16158**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 66 PRIMARY REG. DIST. NO. 5255 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Chariton</b>	
b. CITY OR TOWN <b>Marceline, Rural</b>	c. LENGTH OF STAY (In this place) <b>6yrs</b>	c. CITY OR TOWN <b>Marceline, Rural 02 1/2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Noje</b>		d. STREET ADDRESS <b>RFD # 3 Clark Twp</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>	b. (Middle) <b>Oscar</b>	c. (Last) <b>Elkins</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 7, 1950</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 30, 1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Oceola, Indiana</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		9. AGE (In years last birthday) Months Days <b>74 2 0</b>	

13a. FATHER'S NAME <b>Elijah Elkins</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Scott</b>	14. NAME OF HUSBAND OR WIFE <b>Lola May Elkins</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Francis Elkins, Marceline, Mo.</b>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Circulation Failure</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>4200</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Dis.</b>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes</b>		

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 Sept 1879 to May 7, 1950, that I last saw the deceased alive on May 6, 1950, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

22a. SIGNATURE <b>Robert W. Smith M.D.</b>	(Degree or title)	22b. ADDRESS <b>Marceline, Mo.</b>	22c. DATE SIGNED <b>5-7-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 8, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>	24d. LOCATION (City, town, or county) (State) <b>Marceline, Missouri</b>

DATE REC'D BY LOCAL REG. <b>5/7/50</b>	REGISTRAR'S SIGNATURE <b>Martha Clark</b>	59	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>James McLaughlin Marceline, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUN 7

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-7-50

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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 Francis L. Schaberg

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

Licensed Embalmer No. 4513

P. O. Address Marceline, 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.