

FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12372

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 372

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY LINN | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY 1 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARCELINE | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Queen City 19FA | |
| c. LENGTH OF STAY (in this place) 3 days | | d. STREET ADDRESS (If rural, give location) 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hosp | | | |

| | | | |
|---|----------------------------------|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) PAUL b. (Middle) ERSKIND c. (Last) ELAM | | 4. DATE OF DEATH (Month) (Day) (Year) May 23, 1950 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug 9, 1896 |
| 9. AGE (In years last birthday) 53 | | IF UNDER 1 YEAR Months Days 9 14 | IF UNDER 24 HRS. Hours Min. 14 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Own farm | |
| 11. BIRTHPLACE (State or foreign country) Ethel. Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

| | | | | | |
|--|--|--|--|---|--|
| 13a. FATHER'S NAME Cal Elam | | 13b. MOTHER'S MAIDEN NAME Leona King | | 14. NAME OF HUSBAND OR WIFE Margaret Elam | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes World War #1 | | 16. SOCIAL SECURITY NO. 1 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Barrett Elam Ethel, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis & Infarction | | INTERVAL BETWEEN ONSET AND DEATH 4221 |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | 11. 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 **5-19, 1950**, to **5-23, 1950**, that I last saw the deceased alive on **5-23, 1950**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

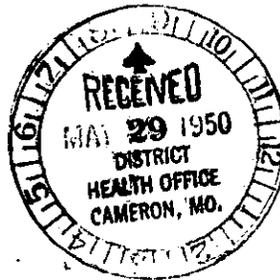
| | | | | | |
|--|--|--------------------------------------|--|--|--|
| 23a. SIGNATURE John W. [Signature] (Degree or title) | | 23b. ADDRESS Marceline, Mo | | 23c. DATE SIGNED 5-24-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 25, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Hellon Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Jellabery Mo | | | | | |

| | | | | | |
|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. 5/24/1950 | | REGISTRAR'S SIGNATURE Mary Jane Cuerns | | 25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS Parson Funeral Service, Parklin, Mo. | |
|--|--|--|--|---|--|

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

581
0

SEP 10 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.

Student _____
Student Embalmer

Signed C.A. Larson

Licensed Embalmer No. 4037

P. O. Address Becker, 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.