

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 21 1950

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 395 PRIMARY REG. DIST. NO. 3039 Registrar's No. 383

1581

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

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>MACON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARCELINE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ETHEL</u> <u>0610</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>Road #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCES HOSP.</u>			

3. NAME OF DECEASED a. (First) <u>CALVIN</u> b. (Middle) _____ c. (Last) <u>ELAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 3, 1950</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 29, 1873</u>	9. AGE (In years last birthday) <u>77</u>	10. MONTH <u>5</u>	11. DAYS <u>6</u>	12. IF UNDER 14 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Ethel, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Charles E. Elam</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Matton</u>		14. NAME OF HUSBAND OR WIFE _____			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Elam New Cambria, Mo</u> ADDRESS _____			
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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>Pulmonary Edema</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Dis.</u>					
		DUE TO (c) <u>Peritonitis - probable sec. to ruptured appendix</u>				4200	
		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"/>			
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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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from 8-2, 1950 to 8-3, 1950, that I last saw the deceased alive on 8-3, 1950, and that death occurred at 8:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Spencer W. Jones MD</u>		23b. ADDRESS <u>Marceline, Mo</u>		23c. DATE SIGNED <u>8-4-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 5, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Oak Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Ethel Mo</u>	
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DATE REC'D BY LOCAL REG. <u>8/5/50</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harriet Owens</u> ADDRESS <u>Ethel, Mo.</u>	
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AUG 18 1950

Date Received:

DISTRICT HEALTH OFFICE #12

District File Number 8-50-133

Date Filed:

AUG 18 1950

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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.

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

Signed \_\_\_\_\_

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.