

FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30223

0450  
1

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5548 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR Rural Prairie Town.		c. LENGTH OF STAY (In this place) 20 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR Rural Prairie Township		0450 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. F. D. #3		d. STREET ADDRESS (If rural, give location) R. F. D. #3	

3. NAME OF DECEASED (Type or Print) Pete	a. (First)	b. (Middle) --	c. (Last) Elgin	4. DATE OF DEATH (Month) (Day) (Year) Sept 7 1950
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5. SEX Male 2	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Nov. 10, 1866	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR 9 Months	IF UNDER 12 HRS. 27 Days
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Howard Co. Mo 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Pete Elgin Sr.	13b. MOTHER'S MAIDEN NAME Marrian Lay	14. NAME OF HUSBAND OR WIFE Maggie Witt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME. ADDRESS Mrs Frank Mansfield, Fayette, MO
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hours  7824
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute competitive heart failure		
	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 checked="" 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 Sept 7, 1950, to only \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Sept 7, 1950 and that death occurred at 11:30 AM., from the causes and on the date stated above.

23a. SIGNATURE <i>Dennis J. DeW...</i>	(Degree or title) M.D.	23b. ADDRESS Fayette, Mo.	23c. DATE SIGNED 9-9-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/9/50	24c. NAME OF CEMETERY OR CREMATORY Elgin Cemetery	24d. LOCATION (City, town, or county) (State) Howard Co. Missouri
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DATE REC'D BY LOCAL REG. Sept. 9, 1950	REGISTRAR'S SIGNATURE <i>Walker Audley</i>	410	25. FUNERAL DIRECTOR'S SIGNATURE <i>Joseph A. Carr</i>	ADDRESS Fayette, Mo
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WRITES PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

EX-107-20250

**RECEIVED** 9/26/50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 9/26/50

SEP 27 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Ralph A. Carr

Signed.....  
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette 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.