

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

41466

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5756 Registrar's No. 40

1630

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jefferson Twp.		c. LENGTH OF STAY (in this place) 25yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jefferson Twp.	
		d. STREET ADDRESS (If rural, give location) Belle, Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) Tony	b. (Middle) Alfred	c. (Last) Elrod	4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1950
-------------------------------------	---------------------------	------------------------------	---------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 21, 1882	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 1	IF UNDER 2 HRS. Days 3	Hours	Min.
-----------------------	----------------------------------	--	--	---	------------------------------------	----------------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Maries County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
--	---	--	--

13a. FATHER'S NAME Thomas B. Elrod	13b. MOTHER'S MAIDEN NAME Casandra Copeland	14. NAME OF HUSBAND OR WIFE Bertha Elrod
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Blake Elrod, Belle, Mo.	ADDRESS 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self inflicted gun shot wound.		
	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.		8976X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson Twp. Maries Co. Mo.
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 24, 1950 1p.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	---	----------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:00Pm.**, from the causes and on the date stated above.

22a. SIGNATURE <i>M. C. Cunningham</i> Coroner	(Degree or title)	23b. ADDRESS Vienna, Mo.	23c. DATE SIGNED 12/24/50
---	-------------------	------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/26/50	24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	24d. LOCATION (City, town, or county) (State) Maries County, Mo.
--	------------------------------	---	--

DATE REC'D BY LOCAL REG. 12-30-50	REGISTRAR'S SIGNATURE <i>Pauline Howard</i>	188	25. FUNERAL DIRECTOR'S SIGNATURE <i>M. C. Cunningham</i>	ADDRESS Vienna, Mo.
---	--	-----	---	-------------------------------

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 8 1951

RECEIVED

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 *M. C. Birmingham*

Licensed Embalmer No. *3664*

P. O. Address *Osanna 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.