

FILED JAN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43442

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6258 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>WAYNE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GREENVILLE ST. FRANCOIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GREENVILLE ST. FRANCOIS</u>	
c. LENGTH OF STAY (in this place) <u>63 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MOELLIE</u> b. (Middle) <u>ELDER</u> c. (Last) <u>ELDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 30 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>MAY 1 1887</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>WAYNE CO. MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>JOSEPH MARLER</u>		13b. MOTHER'S MAIDEN NAME <u>RUTH HUGHES</u>		14. NAME OF HUSBAND OR WIFE <u>J.F. ELDER</u>	
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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.F. Elder - Greenville Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute indigestion</u>		DUE TO (b) <u>Myocard stenosis</u>			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>410X</u>

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)		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 11-10, 1950, to 12-30, 1950, that I last saw the deceased alive on 12-20, 1950, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edmund F. Wagner M.D.</u>		23b. ADDRESS <u>Greenville</u>		23c. DATE SIGNED <u>1-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 31, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Center Ridge Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Wayne Co. Mo.</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Mabel B. Beasley</u>		ADDRESS <u>Miss S. Marshall - Greenville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 2nd 1951</u>		REGISTRAR'S SIGNATURE			

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

RECEIVED

JAN 2 1951

WAYNE CO. HEALTH CENTER

FILE No. 151-1

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Fred S. Marshall* _____

Licensed Embalmer No. *4601* _____

P. O. Address *Greenville, 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.