

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4301

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5359 Registrar's No. 24

0310

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

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Grand River Twp</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Grand River Township</u>	
c. LENGTH OF STAY (in this place) <u>Years</u>		d. STREET ADDRESS (If rural, give location) <u>2 Miles South Jameson, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Miles South Jameson, Mo</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 1 1951</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fernando</u>	b. (Middle) <u>Wood</u>	c. (Last) <u>Elmore</u>	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>March 27 1868</u>	9. AGE (In years last birthday) <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>	11. BIRTHPLACE (State or foreign country) <u>Daviess Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Thomas H. Elmore</u>	13b. MOTHER'S MAIDEN NAME <u>Elvira Foster</u>	14. NAME OF HUSBAND OR WIFE <u>Blanche Elmore</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Harold Elmore Jameson, Mo.</u> ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Poisoning, Pento Hospital</u> 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. <u>Senile dementia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>26 hrs.</u> <u>E 9702</u> <u>2 yrs.</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) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21f. HOW DID INJURY OCCUR?
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"/>		
22. I hereby certify that I attended the deceased from <u>Feb 28 1951</u> , to <u>Mar 1 1951</u> , that I last saw the deceased alive on <u>Feb 28 1951</u> , and that death occurred at <u>9A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Edg E. Nelson M.D.</u> (Degree or title)		23b. ADDRESS <u>Gallatin, MO.</u>	23c. DATE SIGNED <u>3-4-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-5-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coffey Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Coffey, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>7th March 1951</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Engelhardt</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Hope Funeral home, Gallatin, Mo.</u>	



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 *A. Richerson*

Licensed Embalmer No. *3302*

P. O. Address *Fallston, Md.*

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.