

# STANDARD CERTIFICATE OF DEATH

FILED MAY 14 1951

State File No. 13646

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6041 Registrar's No. 208

1910  
1

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

1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TORCH THOMAS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>TORCH</u>	
c. LENGTH OF STAY (In this place) <u>50 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>HOME</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OTTO</u>	b. (Middle) <u>MARCUS</u>	c. (Last) <u>ELDER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 25 - 1951</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>7-25-1879</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	-----------------------------------	---	---------------------------------	---

10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>FARMER (RET.)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (State or foreign country) <u>KANSAS ILL</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
--	--	--	---

13a. FATHER'S NAME <u>SAM ELDER</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>ANN ELDER (DECEASED)</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Y</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. ELDER, STAR ROUTE, NAYLOR MO.</u>	ADDRESS <u>NAYLOR MO.</u>
--	----------------------------------	---	------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>cerebral hemorrhage</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>myocardial degeneration</u> DUE TO (c) <u>hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>443X</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>
---	--	--

22. I hereby certify that I attended the deceased from July, 1947, to April 2, 1951, that I last saw the deceased alive on April 2, 1951, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>NAYLOR MO</u>	23c. DATE SIGNED <u>4/25/1951</u>
--------------------------------------	-----------------------------	----------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-27-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>KELSIE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>RIPLEY CO., MO.</u>
--	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>4-27-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Black's Mortuary, Corning, Ark.</u>
--	---	--	---

RECEIVED

MAY 12 1951

DISTRICT HEALTH OFFICE No. 6

MAY 14 1951

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 *R. J. Seligso* \_\_\_\_\_

Licensed Embalmer No. *562* \_\_\_\_\_

P. O. Address *Conning, Ark.* \_\_\_\_\_

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.