

FILED OCT 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33380

BIRTH NO.		REG. DIST. NO. 740	PRIMARY REG. DIST. NO. 3034	Registrar's No. 86
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 TOWN Fayette		c. LENGTH OF STAY (In this place) 21 da.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette 0451	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital		d. STREET ADDRESS (If rural, give location) 300 Spring St.		
3. NAME OF DECEASED (Type or Print)		a. (First) Annie	b. (Middle) Ora	c. (Last) Elkin
4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1951				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH Jan. 29, 1877	9. AGE (In years less birthday) Months Days 74 8 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Howard Co. Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Carey Jackson Elkin		13b. MOTHER'S MAIDEN NAME Elizabeth Steinsmier		14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nettie Elkin Fayette, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Malignancy of rectum & uterus</i> 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. <i>154 X</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>
19a. DATE OF OPERATION <i>Aug. 17, 1951</i>		19b. MAJOR FINDINGS OF OPERATION <i>Malignancy (Ca) of rectum bladder & uterus</i>		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) (Minute)		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 <i>March 1948</i> , to <i>Oct 9, 1951</i> , that I last saw the deceased alive on <i>Oct 9, 1951</i> and that death occurred at <i>7:00 p.m.</i> , from the causes and on the date stated above.				
23a. SIGNATURE <i>M. J. Shaw M.D.</i>		23b. ADDRESS <i>Fayette Mo</i>		23c. DATE SIGNED <i>10-11-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>10/11/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Fayette City Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Fayette, Mo</i>
DATE REC'D BY LOCAL REG. <i>10-11-51</i>		REGISTRAR'S SIGNATURE <i>Mary J. Shaw</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Frank A. Carr Fayette, Mo</i>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 16 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 16 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~~ _____

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.