No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1952

State File No. 44055

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY Jefferson 0580
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hillsboro
c. LENGTH OF STAY (In this place) 3 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cedar Grove Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Robertsville 0756
d. STREET ADDRESS (If rural, give location) R. R. # 1

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) H.
c. (Last) McElwaine

4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept 16, 1868

9. AGE (In years last birthday) 83 — 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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James McElwaine

13b. MOTHER'S MAIDEN NAME Sara Jameson

14. NAME OF HUSBAND OR WIFE Ruth McElwaine

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 Ruth McElwaine — 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) Arteriosclerotic heart disease. — INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility — 2 years +
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Benign prostatic hypertrophy with retention of urine. — One month.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4200

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 12, 1951, *to* Dec 29, 1951, *that I last saw the deceased alive on* Dec. 29, 1951, *and that death occurred at* 4 00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Thomas A. Donnell (Degree or title) M.D.
23b. ADDRESS DeSoto, Mo.
23c. DATE SIGNED 1-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 1, 1952
24c. NAME OF CEMETERY OR CREMATORY Rock Creek Cem.
24d. LOCATION (City, town, or county) Catawissa, (State) Mo.

DATE REC'D BY LOCAL REG. 1-19-52
REGISTRAR'S SIGNATURE Kathleen Marsden 141-1
25. FUNERAL DIRECTOR'S SIGNATURE John Thurber
ADDRESS Pacific Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 Jonnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Delta 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.