

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6144

BIRTH NO. _____		REG. DIST. NO. <u>304305</u>		PRIMARY REG. DIST. NO. <u>6046</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Melle</u>		c. LENGTH OF STAY (In this place) <u>67 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Melle</u>		<u>0920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Robert</u> c. (Last) <u>McElhiney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 16, 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 25, 1884</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>21</u>	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Merch. Store</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert H. McElhiney</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Meier</u>		14. NAME OF HUSBAND OR WIFE <u>Lena McElhiney</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>497-01-2987</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lena McElhiney New Melle, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac De-compensation</u>						
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>4200</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>Feb. 11</u> , 1952, to <u>Feb. 13</u> , 1952, that I last saw the deceased alive on <u>Feb. 13</u> , 1952, and that death occurred at <u>3 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. H. Haynes D.O.</u>				23b. ADDRESS <u>Augusta, Mo.</u>		23c. DATE SIGNED <u>Feb. 18, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/19/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>New Melle, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Feb 23 1952</u>		REGISTRAR'S SIGNATURE <u>Marion J. Puff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morris Muechany Wentzville, Mo.</u>			

APR 1 1952

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 Howard O. Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.