

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

13368

State File No. 77

MAY 12 1952

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4248 Registrar's No. 77

0490
3

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO (b. COUNTY Jasper)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sarsawie	c. LENGTH OF STAY (in this place) 38 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sarsawie 0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hall, Sarsawie MO		d. STREET ADDRESS (If rural, give location) MO	

3. NAME OF DECEASED (Type or Print) a. (First) James P. Elkins b. (Middle) P. c. (Last) Elkins	4. DATE OF DEATH (Month) (Day) (Year) 4-23-52
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1-2-1889	9. AGE (In years last birthday) 63 if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) rite watchman	10b. KIND OF BUSINESS OR INDUSTRY Public officer	11. BIRTHPLACE (City and State or Foreign Country) Miller MO	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Riley Elkins	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Faye Elkins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 496-09-2845	17. INFORMANT'S SIGNATURE, OR NAME Faye Elkins Sarsawie MO	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary atherosclerosis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Coronary heart disease, with possible ventricular rupture		
	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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from did not attend, 1952, that I last saw the deceased alive on 4/17/52, 1952, and that death occurred at 5:12 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lowell Elkins, M.D.</u> (Degree or title) 3	23b. ADDRESS <u>Green West & Brook Bldg.</u>	23c. DATE SIGNED <u>4/25/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sarsawie MO</u>	24d. LOCATION (City, town, or county) (State) <u>Sarsawie MO</u>
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DATE REC'D BY LOCAL REG. <u>4-28-52</u>	REGISTRAR'S SIGNATURE <u>Lowell Elkins, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson & Sons, Sarsawie MO</u>	ADDRESS
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RECEIVED 5-8-52
Jasper County Health Office

County File Number 5215/318

Date Filed 5-9-52

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 me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Wm. K. Jackson

Licensed Embalmer No. 3854

P. O. Address Laredo, Tex

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.