

FILED JUN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. R. Duncan
State File No. 16061

BIRTH NO. _____ REG. DIST. NO. **126** PRIMARY REG. DIST. NO. **2000** Registrar's No. **529**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SPRINGFIELD	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL		d. STREET ADDRESS (If rural, give location) 1707 E. OLIVE ST.	
3. NAME OF DECEASED (Type or Print) a. (First) ELMER b. (Middle) F. c. (Last) BATH		4. DATE OF DEATH (Month) (Day) (Year) May 30, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Apr. 4, 1899
9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Cafe Operator	11. BIRTHPLACE (City and State or Foreign Country) Webster Co., Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Cafe Operator		10b. KIND OF BUSINESS OR INDUSTRY Dafe	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles O. Bath		13b. MOTHER'S MAIDEN NAME Lola Hampton	14. NAME OF HUSBAND OR WIFE ***
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J.M. Cross, 1466 Boonville
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of head of pancreas 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. Cholecystitis & Cholelithiasis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma pancreas Cholecystitis & Cholelithiasis	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)	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 6/24 , 19 52 to May 30 , 19 52 that I last saw the deceased alive on May 30 , 19 52 and that death occurred at 11:40a. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 5-31-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-1-52	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
DATE REC'D BY LOCAL REG. 6/2/52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman H. Lohmeyer, Springfield	

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

OCT 24 1952
FEB 20 1953

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

James T. Swadley

Licensed Embalmer No. *4815*

P. O. Address *Springfield*

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.