

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21169

State File No.

FILED JUN 30 1952

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5755 Registrar's No. 27

0630
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Maries</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson Twp.</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jackson Twp.</u>	
		d. STREET ADDRESS (If rural, give location) <u>Vienna, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>B.</u> c. (Last) <u>Elrod</u>			4. DATE OF DEATH <u>June 18, 1952.</u> (Month) (Day) (Year)		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 15, 1864</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Maries County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jack Elrod</u>	13b. MOTHER'S MAIDEN NAME <u>Sina Moon</u>	14. NAME OF HUSBAND OR WIFE <u>Rebecca Jones</u>
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>Colonel Elrod</u>	ADDRESS <u>Vienna, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural Jackson Twp. Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>As married</u>

22. I hereby certify that I attended the deceased from 6-7 to 6-17, 1952 that I last saw the deceased alive on 6-17, 1952, and that death occurred at 1:25 PM m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. A. Bunge M.D.</u>	(Degree or title)	23b. ADDRESS <u>Bland Mo.</u>	23c. DATE SIGNED <u>6-20-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/20/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Maries County, Mo.</u>
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DATE REC'D BY LOCAL REG <u>6-29-52</u>	REGISTRAR'S SIGNATURE <u>Pauline Howard</u>	FEDERAL DIRECTOR'S SIGNATURE <u>W. C. Cunningham</u>	ADDRESS <u>Vienna, Mo.</u>
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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

McBumgar

Licensed Embalmer No. *3664*

P. O. Address *Chicago Ill*

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.