

FILED NOV 17 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38287**  
Registrar's No. **997**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Ash Grove</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CLARK OSTEOPATHIC HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>Frazier and Main Streets</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Alfred</b> c. (Last) <b>Elkins</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11 7 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>7-29-1863</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 24 HRS. Hours <b>8</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>United St.</b>
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13a. FATHER'S NAME <b>James Marvin Elkins</b>	13b. MOTHER'S MAIDEN NAME <b>Susan Katherine Monroe</b>	14. NAME OF HUSBAND OR WIFE <b>Vina Ann Elkins</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Rena Wilson Ash Grove Mo.</b>	ADDRESS <b>Ash Grove Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>7 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial insufficiency</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Anterior Myocardial infarction</b> 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 <b>4201</b>	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) (Min.)	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 **August 1944**, to **Nov 7, 1952**, that I last saw the deceased alive on **Nov 7, 1952**, and that death occurred at **8:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Stonier F. Matz</b>	(Degree or title) <b>Mo.</b>	23b. ADDRESS <b>Ash Grove, Mo.</b>	23c. DATE SIGNED <b>11-9-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 10-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Johns Chapel</b>	24d. LOCATION (City, town, or county) (State) <b>Near Ash Grove Mo</b>
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DATE REC'D BY LOCAL REG. <b>11-10-52</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	FUNERAL DIRECTOR'S SIGNATURE <b>W. Birch</b>	ADDRESS <b>Ash Grove Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed.....  
Student Embalmer

Signed

*W. Birch*

Licensed Embalmer No. *3856*

P. O. Address. *Ash Grove Me*

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.