.S. No. 300
ev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19

ILED JAN 13 1953

BIRTH NO. 82873 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: ADAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIRKSVILLE
c. LENGTH OF STAY (In this place): 16 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K.C.O.S. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ADAIR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIRKSVILLE 0013
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Elmo
b. (Middle): Dean
c. (Last): Ethridge Jr

4. DATE OF DEATH (Month) (Day) (Year): January 3, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0
8. DATE OF BIRTH: December 18, 1952
9. AGE (In years last birthday): Under 1 year: Months — Days: 16 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Kirksville, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Elmo D. Ethridge
13b. MOTHER'S MAIDEN NAME: Dorothy Whitmire
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Elmo D. Ethridge — **ADDRESS**: Labelle Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atelectasis 7620 — 16 da
DUE TO (c) Medullary Depression — from birth

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Very difficult birth

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 18, 1952, *to* Jan 3, 1953, *that I last saw the deceased alive on* Jan 2, 1953, *and that death occurred at* 7:16 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harold A. Mengard (Degree or title): D.O.
23b. ADDRESS: K.O. Hospital, Kirksville Mo.
23c. DATE SIGNED: Jan 3, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/4/1953
24c. NAME OF CEMETERY OR CREMATORY: Deer Ridge Cem.
24d. LOCATION (City, town, or county) (State): LaBelle Missouri

DATE REC'D BY LOCAL REG.: 1-3-53
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: J. Coder Jr. LaBelle, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

0013
0
2

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 Myself Burial within 24 Hrs. Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed J. A. Coder Jr.

Licensed Embalmer No. 4328

P. O. Address Labelle, 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.