

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **15257**

FILED MAY 8 1953

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5948 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Ashley		c. CITY (If outside corporate limits, write RURAL and give township) Rural	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Curryville, Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3 mi west Ashley			

3. NAME OF DECEASED (Type or Print)	a. (First) Mack	b. (Middle) Sylvester	c. (Last) Elwood	4. DATE OF DEATH (Month) (Day) (Year) April 28 53
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5. SEX M	6. COLOR OR RACE W	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 9 1900	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 6 Days 19	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operation Engineer	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Frankford, Mo.	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Mack Elwood	13b. MOTHER'S MAIDEN NAME Ida Dowell	14. NAME OF HUSBAND OR WIFE Victoria Elwood
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, say or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 556 10 3404	17. INFORMANT'S SIGNATURE OR NAME Victoria Elwood, Curryville, 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, asphyxia, 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) Coronary occlusion		
	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.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION _____	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) 4201
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on **April 28, 1953**, and that death occurred at **3:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. O. Mudd (Degree or title) Coroner	23b. ADDRESS Bowling Green Mo	23c. DATE SIGNED April 29 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 30 53	24c. NAME OF CEMETERY OR CREMATOR Concord	24d. LOCATION (City, town, or county) (State) Pike County Mo.
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DATE REC'D BY LOCAL REG. 4-30-53	REGISTRAR'S SIGNATURE Bill Robinson	25. FUNERAL DIRECTOR'S SIGNATURE J. O. Mudd	ADDRESS Bowling Green, Mo.
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(Licensed Embalmers' Statement on Reverse Side)

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

820
3

0820
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OCT 30 1962

JUN 7 1962

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed James A. Mudd
Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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.