

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **27626**

No. 300  
10.48

**FILED AUG 17 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 126

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Audrain</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>		c. LENGTH OF STAY (in this place) <b>12hrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b> <span style="float:right">0043</span>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>321 W. Promenade St.</b> <span style="float:right">0</span>		
<b>3. NAME OF DECEASED</b> (Type or Print) <b>ANDREW ROY McELHINEY</b>		a. (First) <b>ANDREW</b>	b. (Middle) <b>ROY</b>	c. (Last) <b>McELHINEY</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Aug. 14, 53</b>
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Aug. 9, 1887</b>	<b>9. AGE</b> (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>laborer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Resturant</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Mexico Mo</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>13a. FATHER'S NAME</b> <b>Andrew J. McElhiney</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Louisa Huebotter</b>		<b>14. NAME OF HUSBAND OR WIFE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		<b>16. SOCIAL SECURITY</b> <b>489-20-1998A</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Roy E. McElhiney, Mexico, Mo.</b>		
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.			<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Chronic Lymphatic Leukemia</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 years</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>2040</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>		
<b>22. I hereby certify that I attended the deceased from Aug 14, 1953, to Aug 14, 1953, that I last saw the deceased alive on Aug 14, 1953, and that death occurred at 9P m., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <b>Charles L. Garcia M.D.</b>			<b>23b. ADDRESS</b> <b>Mexico Mo</b>		<b>23c. DATE SIGNED</b> <b>Aug 15 1953</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>Aug. 16, 53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Elmwood</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Mexico, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>Aug 15-1953</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Blanche Neely</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Earl S. ... Mexico, Mo.</b>	

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

**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 Billy Jack Skinner

Licensed Embalmer No. 4784

P. O. Address Mexico, 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.