

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28290

State File No.

FILED AUG 31 1953

BIRTH NO.		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>815</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near Springfield Mo.</u>			c. LENGTH OF STAY (In this place) <u>0</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>			<u>0051</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. Ozark Osteopath</u>				d. STREET ADDRESS (If rural, give location) <u>1107 Nth Third St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JACOB</u>		b. (Middle) <u>THEODORE</u>		c. (Last) <u>ELROD</u>	
4. DATE OF DEATH		(Month) <u>Aug.</u>		(Day) <u>25,</u>		(Year) <u>1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 2, 1883</u>	9. AGE (In years less birthday) <u>70</u>	IF UNDER 1 YEAR <u>1</u> Months <u>23</u> Days	IF UNDER 24 HOURS <u></u> Hours <u></u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marion County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jack Elrod</u>		13b. MOTHER'S MAIDEN NAME <u>Sina Moody</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Jones Elrod</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ora Elrod</u> ADDRESS <u>Monett, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerotic Fibillation</u> DUE TO (c) <u>Decompression (left heart)</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Aug. 25 '53</u> <u>April '53</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		<u>4201</u>	
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?			
22. I hereby certify that I attended the deceased from <u>July 1, 1953</u> , to <u>Aug 25, 1953</u> , that I last saw the deceased alive on <u>Aug 25, 1953</u> , and that death occurred at <u>1 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F. Avery Watson D.O.</u> (Degree or title)				23b. ADDRESS <u>Verona, Mo.</u>		23c. DATE SIGNED <u>Aug 26 '53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 27, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>MONETT, MO.</u>		
DATE REC'D BY LOCAL REG. <u>8-28-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.P. Buchanan</u> ADDRESS <u>Monett Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

3

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

J. D. Buchanan

Licensed Embalmer No. *3179*

P. O. Address

Monette, 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.