

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

State File No. **31605**

FILED OCT 13 1953

BIRTH NO. **69779** REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **213**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>HENRY</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>HENRY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLINTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SHOWNEE TWP</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CLINTON GENERAL HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>0920</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>JUDITH</b> b. (Middle) <b>LANE</b> c. (Last) <b>ELROD</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>OCT. 4, 1953</b>		
<b>5. SEX</b> <b>FEMALE</b>		<b>6. COLOR OR RACE</b> <b>WHITE</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>SINGLE</b>	
<b>8. DATE OF BIRTH</b> <b>OCT. 4, 1953</b>		<b>9. AGE</b> (In years last birthday) <b>30</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>CLINTON, MO</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>			

<b>13a. FATHER'S NAME</b> <b>GLEN H. ELROD</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>BEULMAE PAUL</b>		<b>14. NAME OF HUSBAND OR WIFE</b>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Glen H. Elrod, Clinton, Mo. R.H.I.</b>	
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<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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1/2 hour</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atelectasis</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Breath holding</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)					

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>7610</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<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>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
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I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

<b>22a. SIGNATURE</b> <i>[Signature]</i> (Degree or title) <b>M.D.</b>		<b>23b. ADDRESS</b> <b>Clinton, Missouri</b>		<b>23c. DATE SIGNED</b> <b>10-5-53</b>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>		<b>24b. DATE</b> <b>Oct. 5, 1953</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Cassville Cemetery</b>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <b>Clinton, Mo. R.H.I.</b>	

<b>DATE REC'D BY LOCAL REG.</b> <b>Oct. 5-53</b>		<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>[Signature]</i>	
				<b>ADDRESS</b> <b>Clinton, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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 \_\_\_\_\_

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.

*Body  
Was Not  
Embalmed*