

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42554

State File No. _____
Registrar's No. 1142

No. 300
10.48

FILED JAN 4th 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Niangua Missouri</u>	
c. LENGTH OF STAY (in this place) <u>5 Days</u>		d. STREET ADDRESS (If rural, give location) <u>1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>R.</u> c. (Last) <u>Elmore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26 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>Oct. 23 1876</u>		9. AGE (In years last birthday) <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Tailor & Sockman</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Niangua Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Jess Elmore</u>		13b. MOTHER'S MAIDEN NAME <u>Gene Garner</u>		14. NAME OF HUSBAND OR WIFE <u>Hallie Elmore</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hallie Elmore</u> ADDRESS <u>Niangua 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		with left hemiplegia				<u>Days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Gen. arteriosclerosis & Hypertension</u>				<u>years</u>	
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		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 12/22 1953, to 12/26 1953, that I last saw the deceased alive on 12/26 1953, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. D. Callaway MD</u>		23b. ADDRESS <u>Springfield Missouri</u>		23c. DATE SIGNED <u>12/26/53</u>	
24a. BURIAL CREMATION-REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-29-1953</u>		24c. NAME OF CEMETERY <u>COPENING</u>	
24d. LOCATION (City, town, or county) (State) <u>Webster county MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barker Berto</u>		ADDRESS <u>marshfield MO</u>	
DATE REC'D BY LOCAL REG. <u>12-31-53</u>		REGISTRAR'S SIGNATURE <u>Earl Williamson</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 21 1954

MAR 24 1954

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 Glen S. Williams

Licensed Embalmer No. 4651

P. O. Address Marshfield, T.

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.