

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Sup.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Quincy</u>	
c. LENGTH OF STAY (in this place)		0930	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Maudie</u>	b. (Middle) <u>Elkins</u>	c. (Last) <u>Hatchem</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>1-27-54</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-30-1882</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR <u>4</u> Months	IF UNDER 24 HRS. <u>27</u> Days	IF UNDER 1 MIN. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic work</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Myron C. Elkins</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Lynch</u>	14. NAME OF HUSBAND OR WIFE <u>Missouri</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Missouri</u>	16. SOCIAL SECURITY NO. <u>Missouri</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lloyd Muesley Daugherty</u>	ADDRESS <u>Quincy Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1.2 year +</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>suicidal attempt 12-20-1953 by taking age. @ coincidental =</u>		1.7 month +	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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)
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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?
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22. I hereby certify that I attended the deceased from 12-20-1953 to 1-27-1954, that I last saw the deceased alive on 1-27-1954, and that death occurred at 340A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Bunch M.D.</u>	(Degree or title)	23b. ADDRESS <u>State Hospital # 3.</u>	23c. DATE SIGNED <u>1-27-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-29-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Quincy (Rural) Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-30-1954</u>	REGISTRAR'S SIGNATURE <u>Anna G. Ferris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Goodrich</u>	ADDRESS <u>Quincy Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1080

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 Ray Miller

Licensed Embalmer No. 4492

P. O. Address Osada, 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.