

FILED MAR 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 9823

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington
c. LENGTH OF STAY (In this place) 2 1/2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pension Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Madison
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fredericktown 0621
d. STREET ADDRESS (If rural, give location) 401 W. Marvin St.

3. NAME OF DECEASED
a. (First) Joseph
b. (Middle) Darious
c. (Last) Elmore

4. DATE OF DEATH (Month) (Day) (Year) March 15, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 25, 1870

9. AGE (In years last birthday) 83
IF UNDER 1 YEAR: Months 2, Days 20
IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Beardstown, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Darious Elmore

13b. MOTHER'S MAIDEN NAME Rhoda Vantassle

14. NAME OF HUSBAND OR WIFE Settie Elmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Settie Elm ore, Fredericktown, Mo.

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, assthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
10 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) 490 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1954, to Mar 15, 1954, that I last saw the deceased alive on Mar 11, 1954 and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Funeral Director

23b. ADDRESS Harmon, Mo.

23c. DATE SIGNED 3/18/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/17/54

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) Madison Count y, Mo.

DATE REC'D BY LOCAL REG. Mar. 18, 1954

REGISTRAR'S SIGNATURE Eather Rudloff

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Najim Funeral Home Fredericktown, Mo.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Charles McCarty*

Licensed Embalmer No. *4852*

P. O. Address *Fredericktown, Md*

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.