

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16514**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655** Registrar's No. **82**

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt. Vernon</b>		c. CITY OR TOWN <b>Mt. Vernon</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>abt. 10 hrs.</b>		e. STREET ADDRESS (If rural, give location) <b>506 E. Center</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. State Sanatorium</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>A.</b> c. (Last) <b>Elmore</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 11, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 15, 1901</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Welder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Aircraft</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John Elmore</b>	13b. MOTHER'S MAIDEN NAME <b>Harms</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Elmore</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>492-24-775</b>	17. INFORMANT'S SIGNATURE OR NAME <b>San. records, Mo. S.S., Mt. Vernon, Mo.</b> ADDRESS _____
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac decompensation, acute</b>		<b>approx. 8 hrs.</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cor pulmonale</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary tuberculosis.</b>		<b>abt. 17 yrs.</b>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>4343A</b>	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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **5-13-**, 19**54**, to **5-11-**, 19**54**, that I last saw the deceased alive on **5-11-**, 19**54**, and that death occurred at **7:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE: <b>[Signature]</b> (Degree or title) _____	23b. ADDRESS <b>Mt. Vernon, Mo.</b>	23c. DATE SIGNED <b>5-11-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>	24b. DATE <b>5-16-54</b>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <b>Stella Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5-11-54</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	441-2	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] Funeral Home Mt. Vernon, Mo.</b>
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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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed C. W. Gessett.....

Licensed Embalmer No. 220.....

P. O. Address Mt. Vernon.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.