

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u>	
c. LENGTH OF STAY (in this place) <u>41 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Memorial Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>1100 Whitney</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charley</u> b. (Middle) <u>—</u> c. (Last) <u>McElyea</u>		4. DATE OF DEATH (Month) / (Day) (Year) <u>June 24, 54</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 8-1880</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done for the major working life, even if retired) <u>Retired Farmer</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>West Frankland Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charley McElyea</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Orval Farnum, Louis, Mo.</u> ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>arterio sclerotic</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio Vascular, heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9040 21</u>	
19a. DATE OF OPERATION <u>June 23, 54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture neck of left femur</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kennett, Dunklin Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 14, 1954 ? m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>fall</u>		22. I hereby certify that I attended the deceased from <u>June 21</u> , 19 <u>54</u> to <u>June 24</u> , 19 <u>54</u> that I last saw the deceased alive on <u>June 24</u> , 19 <u>54</u> and that death occurred at <u>5:50</u> p.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Paul C. Mittenberger M.D.</u>		23b. ADDRESS <u>Kennett, Mo.</u>	
23c. DATE SIGNED <u>7-1-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 25, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	
24d. LOCATION (City, town, or county) (State) <u>Kennett Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leath Swice</u> ADDRESS <u>Kennett Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-1-1954</u>		REGISTRAR'S SIGNATURE <u>Carl Hubson</u> 9050	

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 7/3/54  
COUNTY FILE NUMBER 754-18

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.