

No. 300  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1954

State File No. 28172

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>Rural Bedford Twp</b> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Rural (Bedford Twp)</b> TOWN	
c. LENGTH OF STAY (In this place) <b>6 Wks</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lincoln Co. Memorial Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>Farm Residence</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Hugh</b>	b. (Middle) <b>Anthony</b>	c. (Last) <b>Elder</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 4, 1954</b>
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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 25, 1900</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Private Detective</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Investigation</b>	11. BIRTHPLACE (State or foreign country) <b>St Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Charles Elder</b>	13b. MOTHER'S MAIDEN NAME <b>Georgia Riley</b>	14. NAME OF HUSBAND OR WIFE <b>Lucille M. Elder</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. (If you give year or dates of service) <b>494-09-1440</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Lucille Elder</b>	ADDRESS <b>Moscow Mills, Mo.</b>
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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>Carcinomatosis</b>		<b>10 mo.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma Thyroid</b> DUE TO (c) <b>none</b>		<b>15 mo.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none 194X</b>			

19a. DATE OF OPERATION <b>June 1953</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma Thyroid with local metastasis</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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **7/23**, 19**53**, to **Sept 4**, 19**54**, that I last saw the deceased alive on **Sept 4**, 19**54**, and that death occurred at **2:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Norman K. Muschay M.D.</b>	23b. ADDRESS <b>Troy, Mo.</b>	23c. DATE SIGNED <b>Sept 7, 1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/8/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Bks. Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>9-11-54</b>	REGISTRAR'S SIGNATURE <b>Emma B. Riddle</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kemper Funeral Home</b>	ADDRESS <b>Troy, Missouri.</b>
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EXPIRES 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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Tray MA

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.