FILED DEC 13 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

37142

State File No.

BIRTH NO. REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5474 Registrar's No. 169

**1. PLACE OF DEATH**
a. COUNTY Grundy
b. CITY OR TOWN Trenton Jefferson Twp
c. LENGTH OF STAY (in this place) 7 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Galt
d. STREET ADDRESS (If rural, give location) 0-400 0

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) H c. (Last) ELLEDGE

4. DATE OF DEATH (Month) (Day) (Year) 11-1-1954

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH 10-1-1864
9. AGE (In years last birthday) 90 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pike Co. Ill
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Uriah Elledge
13b. MOTHER'S MAIDEN NAME Delia Kellogg
14. NAME OF HUSBAND OR WIFE Jane Elledge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Alva Hobbs Trenton mo

**MEDICAL CERTIFICATION**

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Arteriosclerosis
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

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)
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* 6-1-54, 1954, *to* 11-1-, 1954, *that I last saw the deceased alive on* 11-1-, 1954, *and that death occurred at* 12:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE F. B. Bailey (Degree or title) MD
23b. ADDRESS Jamesport Mo
23c. DATE SIGNED 11-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-3-54
24c. NAME OF CEMETERY OR CREMATORY Berry Cem.
24d. LOCATION (City, town, or county) (State) Galt mo

DATE REC'D BY LOCAL REG. 11-3-54
REGISTRAR'S SIGNATURE Irene Farris
25. FUNERAL DIRECTOR'S SIGNATURE P R Payne Son
ADDRESS Galt mo

(Licensed Embalmer's Statement on Reverse Side)

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 _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Student Embalmer

Signed P K Payne & Son

Licensed Embalmer No. 3400

P. O. Address Galt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.