

FILED MAR 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3789**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **400 E** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY <b>Andrew</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fillmore</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Fillmore</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <b>0020</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>William</b> c. (Last) <b>McElroy</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-19-1955</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>1-7-1965</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>12</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Andrew County</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Henry McElroy</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah M. Callon</b>		14. NAME OF HUSBAND OR WIFE <b>Eller McElroy</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Maella M. Elroy</b> ADDRESS <b>Fillmore mo</b>	

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) <b>Cardiac Insufficiency</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <b>Arterio-sclerosis</b>		
	DUE TO (c) <b>Thrombi Angustis Obliterans</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4221</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 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 **Jan 1**, 19**55**, to **Feb 19**, 19**55**, that I last saw the deceased alive on **Feb-19**, 19**55**, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M. L. Holliday</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Fillmore Mo</b>	23c. DATE SIGNED <b>Feb 22 55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-22-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fillmore</b>	24d. LOCATION (City, town, or county) (State) <b>Fillmore mo</b>
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DATE REC'D BY LOCAL REG. <b>2-22-55</b>	REGISTRAR'S SIGNATURE <b>Lillian Sparks</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Breit Funeral Home</b> ADDRESS <b>Savannah mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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JAN 5 1959

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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 *E. C. Breit*.....

Licensed Embalmer No. *2657*

P. O. Address *Savanna*

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.