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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7735

State File No. ....

FILED APR 5 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 105 PRIMARY REG. DIST. NO. 4177 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton</u>		c. LENGTH OF STAY (in this place) <u>11 yrs.</u>	c. CITY OR TOWN <u>Clarkton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home-City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		f. STREET ADDRESS (If rural, give location) <u>0359</u> <u>City</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>WILLIAM</u>	b. (Middle) <u>EDWARD</u>	c. (Last) <u>ELMORE</u>	(Month)	(Day)	(Year)
5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>Dec. 22, 1902</u>		
9. AGE (In years last birthday) <u>52</u>			IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 1 HR. Days <u>0</u>	IF UNDER 1 HR. Hours <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Dexter, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Jim Elmore</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Shadwell</u>		14. NAME OF HUSBAND OR WIFE <u>Mable Elmore</u>	
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>Mable Elmore</u>	
				ADDRESS <u>Clarkton, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Acute Coronary Occlusion &amp; myocadial infarction</u>		<u>2 yrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>myocadial infarction</u>			
		DUE TO (c)			
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 <u>4201</u>		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?	

22. I hereby certify that I attended the deceased from 11/15/53, 1953, to 2-22, 1955, that I last saw the deceased alive on 2-10, 1955, and that death occurred at 8:15 AM from the causes and on the date stated above.

23a. SIGNATURE <u>F. G. Hopkin, M.D.</u> (Degree or title)		23b. ADDRESS <u>Gideon, MO</u>		23c. DATE SIGNED <u>2/26/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 24, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sumach Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Holcomb Mo. R. 1</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home, Campbell, Mo</u>			
DATE REC'D BY LOCAL REG. <u>2-28-1955</u>		REGISTRAR'S SIGNATURE <u>Marquith George</u>		440	

RECEIVED BURLINGHAM COUNTY

DEPARTMENT 4-4-

COUNTY FILE NUMBER 45

BURLINGHAM COUNTY HEALTH

APR 6 1955

**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 *Christina M. Landers*.....

Licensed Embalmer No. 422

P. O. Address *Campbell*.....

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.