

FILED JUL 11 1955

STANDARD CERTIFICATE OF DEATH

State File No. 19527

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5844 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>3 mi East of Seneca</u>		e. STREET ADDRESS (If rural, give location) <u>3 mi E. of Seneca</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elsie</u> b. (Middle) <u>Tennessee</u> c. (Last) <u>Holcomb</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 24 1955</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid</u>	8. DATE OF BIRTH <u>Sept. 13, 1871</u>	9. AGE (In years last birthday) <u>84</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert L. Medlin</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Manning</u>	14. NAME OF HUSBAND OR WIFE <u>William</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virgil Holcomb, Seneca, Mo.</u>	ADDRESS <u>Seneca, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis</u>		<u>Unknown</u>
	DUE TO (c) <u>Hypertensive Cardiovascular Disease</u>		<u>7-8 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Convulsive Disorder</u>		<u>7-8 years</u>	

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	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) <u>Seneca Newton Mo</u>
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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? <u>1/3 X</u>
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22. I hereby certify that I attended the deceased from 6/13, 1955, to 6/24, 1955, that I last saw the deceased alive on 6/21, 1955, and that death occurred at 2:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas W. Albury M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>State Memorial Hospital</u>	23c. DATE SIGNED <u>6/27/55</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-27-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Seneca, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-27-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>	486 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Beddles</u>	ADDRESS <u>Seneca Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

180

RECEIVED
District Health Officer No. _____
District File No. _____
Date Filed **AUG 8 1955**

NEW YORK

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NEOSHO, MISSOURI

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 W E Biddleston

Licensed Embalmer No. 217

P. O. Address Seneca

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.