No. 300
10.48

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

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22976

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5819 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - OSAGE
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Redwood Resort 25 miles S.E. Versailles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East St. Louis Illinois 120
d. STREET ADDRESS (If rural, give location): 670 N. 32nd 8 12 8

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): George
c. (Last): McElligott

4. DATE OF DEATH (Month) (Day) (Year): July 19 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 31, 1912
9. AGE (In years last birthday): 42 — If under 1 year: Months 9, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Monsanto Chemical
11. BIRTHPLACE (State or foreign country): Glennonville Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James McElligott
13b. MOTHER'S MAIDEN NAME: Elizabeth Mary Siebert
14. NAME OF HUSBAND OR WIFE: Elizabeth McElligott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 494-03-3757
17. INFORMANT'S SIGNATURE OR NAME: Elizabeth McElligott
ADDRESS: E. St. Louis Ill.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: No

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:40 a m., from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Washburn (Degree or title) Co. Health Officer
23b. ADDRESS: Versailles Mo.
23c. DATE SIGNED: 7-19-55

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 7-22-55
24c. NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery
24d. LOCATION (City, town, or county) (State): Belleville - Illinois

DATE REC'D BY LOCAL REG.: 7-19-55
REGISTRAR'S SIGNATURE: J. L. Washburn
25. FUNERAL DIRECTOR'S SIGNATURE: John R. Stevens
ADDRESS: Versailles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 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 .....
Student Embalmer

Signed John R. Scimec

Licensed Embalmer No. 4880

P. O. Address Versailles, Mo.

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

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