

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27240

FILED SEP 9 1955

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 6964		Registrar's No. 6-8	
1. PLACE OF DEATH a. COUNTY <i>Platte</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i> b. COUNTY <i>Platte</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural 2 - Pelus</i>		c. LENGTH OF STAY (In this place) <i>1 1/2 yrs</i>		c. CITY OR TOWN <i>Parkeville</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Farm Pond 2 mi north Parkeville</i>				e. STREET ADDRESS (If rural, give location) <i>RFD 2 Box 0830</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Clifton</i> b. (Middle) <i>Albert</i> c. (Last) <i>Elder.</i>				4. DATE OF DEATH (Month) (Day) (Year) <i>AUG. 27, 1955</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>Jan 2 - 1944</i>	
9. AGE (In years last birthday) <i>11</i>				10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home.</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Parkeville, MO</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>Clyde Elder</i>		13b. MOTHER'S MAIDEN NAME <i>Quie Kahnter.</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>Clyde Elder</i> ADDRESS <i>RFD 2 Parkeville</i>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>ACCIDENTAL DROWNING</i>		INTERVAL BETWEEN ONSET AND DEATH					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (a) <i>Swimming in a</i>					
		DUE TO (c) <i>Farm Pond.</i>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <i>9291</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>22</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>ACCIDENT</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>FARM POND</i>		21c. (CITY, TOWN, OR TOWNSHIP) <i>63</i> (COUNTY) <i>PLATTE</i> (STATE) <i>MO</i>			
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 <i>APPROX.</i> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>5:30 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Roland M. Gibbs Coroner</i> (Degree or title) <i>3</i>				23b. ADDRESS <i>Platte City, Mo.</i>		23c. DATE SIGNED <i>8-27-55</i>	
24a. BURIAL CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>Aug 30 - 1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>East Slope</i>		24d. LOCATION (City, town, or county) (State) <i>Parkeville, MO</i>	
DATE REC'D BY LOCAL REG. <i>Aug 29 - 1955</i>		REGISTRAR'S SIGNATURE <i>Alpha Racina</i> 257		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wieland H. Francis</i>		ADDRESS <i>Parkeville</i>	

(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, ~~_____~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leland G. Franco*.....

Licensed Embalmer No. *345*.....

P. O. Address *Parkville*
401 Main St

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.