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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 29 1955

State File No. 29087

BIRTH NO. 55226-55 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 503

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MO b. COUNTY WAYNE	
b. CITY (If outside corporate limits, write RURAL and give town) POPLAR BLUFF		c. CITY OR TOWN GREENVILLE	
c. LENGTH OF STAY (in this place) 2 DAYS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lucy LEE HOSPT.			
f. STREET ADDRESS (If rural, give location) 11101			

3. NAME OF DECEASED a. (First) COROLYN		b. (Middle) ALLENE		c. (Last) ELDER		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 3, 1955	
5. SEX FEMALE		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT		8. DATE OF BIRTH SEPT 1955	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) POPLAR BLUFF MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME WILLIAM C ELDERS		13b. MOTHER'S MAIDEN NAME ETHEL EDWARDS		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME WILLIAM EDWARDS	
				ADDRESS GREENVILLE	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) atelectasis, Rt. Lung		INTERVAL BETWEEN ONSET AND DEATH 2 days	
* *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) 7620	
		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		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 **Sept 1, 1955**, to **Sept 3, 1955**, that I last saw the deceased alive on **Sept 3, 1955**, and that death occurred at **12:00 p.m.**, from the causes and on the date stated above.

23. SIGNATURE **J. W. Wheeler, Jr.** (Degree or title) **MD.** 23b. ADDRESS **Poplar Bluff, Mo** 23c. DATE SIGNED **9-16-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **SEPT 5 1955** 24c. NAME OF CEMETERY OR CREMATORY **CENTER RIDGE** 24d. LOCATION (City, town, or county) (State) **WAYNE Co. Mo.**

DATE REC'D BY LOCAL REG. **9/19/55** REGISTRAR'S SIGNATURE **J. W. Wheeler, Jr.** 25. FUNERAL DIRECTOR'S SIGNATURE **Marvin E. Bowler** ADDRESS **Greenville, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 26 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

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 me, Student Embalmer No. _____, working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Marnie E. Bowles

Licensed Embalmer No. 44

P. O. Address Pittsford

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.