

FILED OCT 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32745

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State File No.

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>187</u>		
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>2 da.</u>		c. CITY OR TOWN <u>Washington</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. Francis Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>820 West Point</u> <u>036²0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>ASROU</u> c. (Last) <u>ELKINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 26 1955</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1-19-1900</u>		
9. AGE (In years last birthday) <u>55</u>		10. MONTHS <u>9</u>		11. DAYS <u>7</u>		12. IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Public School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Noah Elkins</u>			13b. MOTHER'S MAIDEN NAME <u>Armeda Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Wella Mae Elkins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>491-12-9289</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wella Mae Elkins</u> ADDRESS <u>Washington, Mo</u>		
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brachyogenic carcinoma</u>				DUE TO (b) <u>none</u>				6 mos? ?
ANTECEDENT CAUSES				DUE TO (c) <u>none</u>				162X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Partial bronch obstruction due to adhesions from small curving bone fracture</u>				
19a. DATE OF OPERATION <u>7-8 yrs ago</u>		19b. MAJOR FINDINGS OF OPERATION <u>"Carcinoid" (hearsay to me) at terminal ileum.</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 <u>17 June, 1949</u> , to <u>26 Oct, 1955</u> , that I last saw the deceased alive on <u>25 Oct, 1955</u> , and that death occurred at <u>1:10 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Raymond Bozzo, M.D.</u>				23b. ADDRESS <u>Washington, Mo.</u>		23c. DATE SIGNED <u>28 Oct 55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-30-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Missouri</u>		
DATE REC'D BY LOCAL REG. <u>10/28/55</u>		REGISTRAR'S SIGNATURE <u>R. C. Wideman</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>W. B. ...</u>		ADDRESS <u>Washington, Mo.</u>		

(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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
M. W. Allenbach

Licensed Embalmer No. *451*

P. O. Address *Washington*

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.