

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39714

State File No.

FILED JAN 3 - 1956

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1359

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Joseph		c. LENGTH OF STAY (in this place) 7 days	c. CITY OR TOWN Helena
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		e. STREET ADDRESS (If rural, give location) R. R. #1	
3. NAME OF DECEASED a. (First) HARRY b. (Middle) O. c. (Last) McELWAIN			4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1955
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 4, 1872
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months	IF UNDER 1 DAY Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and State or Foreign Country) Ohio
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John T. McElwain	
13b. MOTHER'S MAIDEN NAME Mary unknown		14. NAME OF HUSBAND OR WIFE Estella	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Welton Yates, Helena, Missouri
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 9 days ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis generalized Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X	
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) (m.)	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>Nov 1</u> , 1955, to <u>Dec 19</u> , 1955, that I last saw the deceased alive on <u>Dec 18</u> , 1955, and that death occurred at <u>3:40 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Irwin Rosenthal M.D.		23b. ADDRESS St Joseph Mo	23c. DATE SIGNED 12-19-55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE -12/21/1955	24c. NAME OF CEMETERY OR CREMATORY Rochester Cemetery	24d. LOCATION (City, town, or county) (State) Rochester, Missouri
DATE REC'D BY LOCAL REG. Dec 29, 1955	REGISTRAR'S SIGNATURE Kathleen M. Allison 4855	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nestor Bauman St Joseph Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

W. T. Brown

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 *Richard D. Collins*

Licensed Embalmer No. *495*
317 for *10th*
P. O. Address *H. Jones*

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.