

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8583

STATE FILE NUMBER

FILED MAR 27 1956 Registration District No. 96 Primary Registration District No. 4158 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Buffalo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Buffalo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>306 W. Commerical</u>			Length of stay in lb <u>16yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>306 W. Commerical</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>LEVORA</u> Middle <u>Y.</u> Last <u>McElhinney</u>				4. DATE OF DEATH Month <u>March</u> Day <u>16</u> Year <u>1956</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>July 19, 1881</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>14</u> Hours <u>14</u> Min.	IF UNDER 24 HRS. Hours <u>14</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN House</u>		11. BIRTHPLACE (City and state or country) <u>Yatesville, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>David T. Yates</u>				14. MOTHER'S MAIDEN NAME <u>MARY E. McClean</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT <u>Viradean Ramsey</u> Address <u>Twin Falls, Idaho</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Carcinomatous</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma Breast</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH <u>8-10 mos</u> <u>5 yrs</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <u>170X</u> Month <u>170X</u> Day <u>170X</u> Year <u>170X</u> a. m. <u>170X</u> p. m. <u>170X</u>								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <u>Sept 55</u> to <u>15 Mar 56</u> and last saw her alive on <u>15 Mar 56</u> Death occurred at <u>5:40</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>[Signature]</u>				22b. ADDRESS <u>Buffalo Mo</u>		22c. DATE SIGNED <u>24 Mar 56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3/20/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		23d. LOCATION (City, town, or county) (State) <u>Bolivar, Missouri</u>				
24. FUNERAL DIRECTOR <u>L. B. Jones</u> ADDRESS <u>Fun Home Buffalo, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3/24/56</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>				

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare, Public Service
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 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Gene C. Heintz

Licensed Embalmer No. 473

P. O. Address Buffal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.