

No. 300
10. 48

FILED JUN 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21537**

286
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u>		c. LENGTH OF STAY (in this place) <u>1 Hour</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u>		d. STREET ADDRESS (If rural, give location) <u>1720 Lincoln</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Guy</u> b. (Middle) <u>Richard</u> c. (Last) <u>Elson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 18, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single, Never</u>	8. DATE OF BIRTH <u>May 8, 1869</u>
9. AGE (in years last birthday) <u>87</u>	IF UNDER 1 YEAR <u>1</u> Months	IF UNDER 1 YEAR <u>10</u> Days	IF UNDER 1 HRS. <u></u> Hours <u></u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor, pharmacist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Drug Store</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Unionville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>C. Alex Elson</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Tolliver</u>	
14. NAME OF HUSBAND OR WIFE <u> </u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charley Gardner</u>		ADDRESS <u>Kirksville, Mo.</u>	
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) <u>Coronary occlusion 1 hour</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
*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) <u>Atherosclerosis</u> <u>years</u>	
		DUE TO (c) <u>Hypertension</u> <u>years</u>	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO <u>Senile debility</u> <u>years</u>	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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) (Minute)		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>June 18, 1956</u> , to <u>June 18, 1956</u> that I last saw the deceased alive on <u>June 18, 1956</u> and that death occurred at <u>3:20 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>Charles L. Judd Do</u>		23b. ADDRESS <u>Unionville, Missouri</u>	
23c. DATE SIGNED <u>6/19/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 20, 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Unionville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-23-56</u>		REGISTRAR'S SIGNATURE <u>Marvell Durham</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Comstock Funeral Home</u>		ADDRESS <u>Unionville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Student Embalmer

Signed _____

Licensed Embalmer No. 3891

P. O. Address Unionville, Mo.

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 this body is not embalmed, fact should be so stated above.