

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29696  
State File No. \_\_\_\_\_

FILED OCT 3 1956

BIRTH NO. 7671-56 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 295

1. PLACE OF DEATH a. COUNTY <b>ADAIR</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MACON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRKSVILLE</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>MACON</b>		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 <b>LAUGHLIN HOSPITAL</b>			e. STREET ADDRESS (If rural, give location) <b>211 S. RUBY</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>LARRY</b> b. (Middle) <b>ALLEN</b> c. (Last) <b>McELHANEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 27, 1956</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>Jan. 19, 1956</b>	9. AGE (In years last birthday) <b>8</b>	IF UNDER 1 YEAR Days <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NO</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NO</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MACON, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>RALPH McELHANEY</b>		13b. MOTHER'S MAIDEN NAME <b>JOYCE PERKINS</b>		14. NAME OF HUSBAND OR WIFE <b>NO</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Joyce Perkins Macon, Mo.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Toxemia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>1st &amp; 2nd degree burns of appr. 50% of body surface</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>14 hrs</b> <b>14 hrs.</b>
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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) <b>061</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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. 26, 1956, to Sept. 27, 1956, that I last saw the deceased alive on Sept. 27, 1956, and that death occurred at 11:30 AM on the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Jack H. Amstutz M.D.</b>		23b. ADDRESS <b>Kirksville, Mo.</b>		23c. DATE SIGNED <b>9-28-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 29, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cem.</b>	
		24d. LOCATION (City, town, or county) (State) <b>Macon, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>9-29-56</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <b>Lester Sutton Macon Mo.</b>	
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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..... *Charles L. Hutton* .....

Licensed Embalmer No. *457* .....

P. O. Address *Macon* .....

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.