THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 28 1956

State File No. 32850

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4485 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Illmo
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Illmo
d. STREET ADDRESS (If rural, give location): —

1000

3. NAME OF DECEASED (Type or Print): a. (First) STELLA b. (Middle) MAE c. (Last) ELKINS

4. DATE OF DEATH (Month) (Day) (Year): Sept 16, 1956

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept 15, 1887

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 0, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Union County, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Marcus Cavaness

13b. MOTHER'S MAIDEN NAME: Missouri E. Carter

14. NAME OF HUSBAND OR WIFE: Tom Elkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Fred McKinney — ADDRESS: Dupo, Ill.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Thrombosis (Found dead on back porch.)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (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: ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 4201

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* First call after death. *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 5 *A. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thelma C. Buckthorpe, M.D. Health Officer

23b. ADDRESS: Benton Mo

23c. DATE SIGNED: 9-21-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-19-56

24c. NAME OF CEMETERY OR CREMATORY: Lightner Cem.

24d. LOCATION (City, town, or county) (State): Illmo, Missouri

DATE REC'D BY LOCAL REG.: 9 22 56

REGISTRAR'S SIGNATURE: Mrs Fred Brepling Loff

25. FUNERAL DIRECTOR'S SIGNATURE: Cupling Loff Funeral Home — ADDRESS: Illmo Mo

(Licensed Embalmer's Statement on Reverse Side)

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

45
0

DATE RECEIVED SEP 24 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 956-203

OCT 25 1956

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 Oliver C. Armit

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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