FILED FEB 21 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5818

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Waynesville Gen. — Length of stay in 1b 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski
c. CITY OR TOWN Waynesville, Mo 0850 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rural Rt. # 2. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Mollie Middle None. Last Elkins.

4. DATE OF DEATH Month Feb. Day 13 Year 1957

5. SEX Female

6. COLOR OR RACE White.

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH Jan 14, 1883

9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months Days — 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 None.

11. BIRTHPLACE (City and state or country) Spring Creek, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Thompson

14. MOTHER'S MAIDEN NAME Laura Fields.

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. None.

17. INFORMANT Mrs. Edna Upchurch Address Waynesville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5 Days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis

DUE TO (c) Hypertension

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 2-5-57, to 2-13-57 and last saw her/him alive on 2-13-57

Death occurred at 5:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. O. DeHart DO

22b. ADDRESS Waynesville, Missouri

22c. DATE SIGNED 2/14/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2/15/57

23c. NAME OF CEMETERY OR CREMATORY Gospelridge Cemetery

23d. LOCATION (City, town, or county) (State) Waynesville, Mo Rural Rt.

24. FUNERAL DIRECTOR Hedges Funeral Home Waynesville, Mo — ADDRESS Richland Missouri

25. DATE RECD. BY LOCAL REG. 2-14-57

26. REGISTRAR'S SIGNATURE Eula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED 2-14-57
Pulaski County Health Officer
File Number 16
Date Filed 2-14-57

FEB 21 1957

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 Clarence Moss

Licensed Embalmer No. 48

P. O. Address Waynesville

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.