

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **8144**
Registration District No. **107** Primary Registration District No. **3019** Registrar's No. **53**

FILED APR 5 - 1957

Health, Welfare, Public Service

300-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. An interval between onset and death due to natural causes. Coroner cannot certify to a death due to natural causes.

| | | | | | | | |
|---|------------------------------------|---|--|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Dunklin | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kennett | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Presnell Hosp. | | | Length of stay in lb 1 Day | d. STREET ADDRESS (If outside, give location) | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Ollie Middle Jane Last McElwrath | | | | 4. DATE OF DEATH Month March Day 13 Year 1957 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH August 22, 1876 | 9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months 0 Days 35 Hours 20 Min. | IF UNDER 24 HRS. Hours 0 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 (City and state or country) Illinois | | 12. CITIZEN OF WHAT COUNTRY? U. S. | |
| 13. FATHER'S NAME Unknown | | | | 14. MOTHER'S MAIDEN NAME Unknown | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Name Thelma Helges Address Senath, Mo. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myo. Cardiac heart disease Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 | |
| 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 a. m. Month Day , Year p. m. | | | | | | | |
| 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 3-9-57 to 3-13-57 and last saw her alive on 3-13-57 Death occurred at 9:08 p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE L.C. Wilson, M.D. | | | 22b. ADDRESS Kennett, Mo. | | 22c. DATE SIGNED 3/25/57 | | |
| 23a. BURIAL, CREMATION, REBURYAL (Specify) Burial | 23b. DATE March 15, 1957 | 23c. NAME OF CEMETERY OR CREMATORY McCullough Cem. | | 23d. LOCATION (City, town, or county) Dunklin Co. | | STATE Missouri | |
| 24. FUNERAL DIRECTOR Irby Funeral Home | | | ADDRESS Rector, Arkansas | 25. DATE RECD. BY LOCAL REG. 3-25-1957 | | 26. REGISTRAR'S SIGNATURE Carl Hubbard | |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY H
DEPARTMENT 4-1-57
COUNTY FILE NUMBER 457

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 *Thomas E. Beal*

Licensed Embalmer No. 10

P. O. Address *Rector, C*

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.