FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9511
STATE FILE NUMBER

Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Newton	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Granby — Inside Limits Yes X No ☐	c. CITY OR TOWN Granby 0730 — Inside Limits Yes ☐ X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home — Length of stay in 1b Years	d. STREET ADDRESS (If outside, give location) South Main — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Thomas Middle Jefferson Last Elmore

4. DATE OF DEATH Month March Day 30 Year 1957

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH July 13, 1868

9. AGE (In years last birthday) 88 — 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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and state or country) Vandalis, Illnois 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Uk.

14. MOTHER'S MAIDEN NAME Uk.

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 Address Mrs. Ola Elmore Granby, Missouri

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) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arthritis of Spine — 2 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4222

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

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 4-11-56, to 3-30-57 and last saw ~~her~~ him alive on 3-29-57
Death occurred at 1:45 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. T. C. Davis M.D.

22b. ADDRESS Neosho, Mo.

22c. DATE SIGNED 4-1-57

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

23b. DATE 3-31-1957

23c. NAME OF CEMETERY OR CREMATORY Granby Memorial Cemetery

23d. LOCATION (City, town, or county) (State) Granby, Mo.

24. FUNERAL DIRECTOR ADDRESS Culver-Shewmake Granby, Mo.

25. DATE RECD. BY LOCAL REG. April-1-1957

26. REGISTRAR'S SIGNATURE M. L. Young

(Licensed Embalmer's Statement on Reverse Side)

. Health, & Welfare . Public h Service

S. 300 v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

225
0

RECEIVED
District Health Officer No. Newton
District File Number 457-79
Date Filed APR 4 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Floyd E. Slewmake Jr.

Licensed Embalmer No. 492

P. O. Address Box 58 Granby

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.