

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9580**

FILED APR 15 1957

BIRTH NO. _____ REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **1908** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Tennessee b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Steele		c. CITY OR TOWN Memphis 4/19/57	
c. LENGTH OF STAY (in this place) Ballant		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 Country Road		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Arthur	b. (Middle)	c. (Last) McElya	4. DATE OF DEATH (Month) (Day) (Year) 2-17-1957
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5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-24-1919	9. AGE (In years last birthday) 37	10 UNDER 1 YEAR Months	11 UNDER 18 Hrs. Days	12 UNDER 18 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Brick Mason	11. BIRTHPLACE (City and State or Foreign Country) Turrell, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James A. McElya	13b. MOTHER'S MAIDEN NAME Etta Griffin	14. NAME OF HUSBAND OR WIFE Lura Mae McElya
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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. X	17. INFORMANT'S SIGNATURE OR NAME X	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Wounds, after extensive checking it was decided that the wounds were inflicted in Pemiscot, County, Mo. and shelby was brought over in Arkansas and abanded in Miss. County Ark. Seat of Ford Car. Death was from bullets fired into his face and neck.		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) Farm Road	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) RFD Steele Pemiscot Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Gundshot Homicidal
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE James G. Osburn, Coroner	23b. ADDRESS Wardell, Mo.	23c. DATE SIGNED 4-12-57
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24. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-18-57	24c. NAME OF CEMETERY OR CREMATORY Crittenden Memorial	24d. LOCATION (City, town, or county) (State) Marion, Ark.
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DATE REC'D BY LOCAL REG. 4-12-57	REGISTRAR'S SIGNATURE L. J. O'Connell	25. FUNERAL DIRECTOR'S SIGNATURE Cosmopolitan	ADDRESS Memphis, Tenn.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 15 1957

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.....

Licensed Embalmer No.....

P. O. Address.....

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.