

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12941

State File No.

FILED APR 29 1957

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| BIRTH NO. | | REG. DIST. NO. <u>141</u> | | PRIMARY REG. DIST. NO. <u>3025</u> | | Registrar's No. <u>35</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Howell</u> b. CITY OR TOWN <u>West Plains</u> c. LENGTH OF STAY (in this place) <u>39 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Howell</u> c. CITY OR TOWN <u>West Plains</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>417 W. Broadway</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIJAH</u> b. (Middle) <u>COLUMBUS</u> c. (Last) <u>AUTRY</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 13, 1957</u> | | 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>Feb. 25, 1859</u> | | 9. AGE (In years last birthday) <u>98</u> If under 1 year: Months Days Hours Min. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Benton County, Tennessee</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Virg. Jeanette Fuller</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. H. D. Green, W. Plains, Mo.</u> | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral thrombosis</u> DUE TO (c) <u>Cerebral arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u> | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION <u>332X</u> | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Nov.</u> , 19 <u>55</u> , to <u>—</u> , 19 <u>—</u> , that I last saw the deceased alive on <u>Nov.</u> , 19 <u>55</u> , and that death occurred at <u>10: P m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>M. L. Fowler M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>West Plains Mo.</u> | | 23c. DATE SIGNED <u>4/18/57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>Apr. 16, 1957</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>4-23-57</u> | | REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hal Shamburger</u> <u>W. Plains, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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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. ~~3428~~
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Hal Thornburg*.....

Licensed Embalmer No. *3408*.....

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.