

FILED AUG 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 162

Primary Registration District No. 5594

Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rural Meramec		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION House Springs		d. STREET ADDRESS 3001^a McNair	
3. NAME OF DECEASED (Type or print) First FREDDIE Middle DWAYNE Last ELDERS		4. DATE OF DEATH Month July Day 21 Year 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH May 8 1937
10a. USUAL OCCUPATION (Give kind of work done on if retired) Assembly line		11. BIRTHPLACE (City and state or country) Chevy Plant Desloge Missouri	
13a. FATHER'S NAME Charles E Elders		14. NAME OF HUSBAND OR WIFE Norma June Minks	
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. 491-38-2061	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Drowning		19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
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 9291	
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 42	
20c. TIME OF DEATH 6:30 7 21 57 p.m.		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.) Farm		20f. CITY, TOWN, OR LOCATION Meramec Twp Jefferson Mo.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 6:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE James C. Caldwell (Degree or title)	
22a. ADDRESS Festus Missouri		22b. DATE SIGNED 7/21/57	
23. BURIAL, CREMATION, REMOVAL (Specify) Removal		23a. NAME OF CEMETERY OR CREMATORY Local	
23b. DATE 7/22/57		23c. LOCATION (City, town, or county) (State) Flat River Missouri	
24. FUNERAL DIRECTOR Raymond Caldwell Flat River Mo		25. DATE RECD. BY LOCAL REG. July 22 1957	
26. REGISTRAR'S SIGNATURE Robert C. Bauer			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 30 1957

AUG 7 1957

MS DEC 4 1959

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.