Dept. Health, Ed., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1957

43515 STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1379

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. Methodist Hosp. — Length of stay in 1b: 20 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 2126 St. Joseph Ave. — Reside on Farm: Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First: DONALD Middle: NELSON Last: ELDER

4. DATE OF DEATH: Month: Dec. Day: 11 Year: 1957

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ✓

8. DATE OF BIRTH: Nov. 4, 1908 **9. AGE** (In years last birthday): 49 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): Used Car Dealer
10b. KIND OF BUSINESS OR INDUSTRY: Used Automobile
11. BIRTHPLACE (City and state or country): Mound City Missouri
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Joe Elder
13b. MOTHER'S MAIDEN NAME: Arlina Graves
14. NAME OF HUSBAND OR WIFE: None

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.: 487-14-9091
17. INFORMANT: Mrs. Dorothy Brown Address: Mound City, Mo.

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) Cerebral thrombosis (basilar artery) — INTERVAL BETWEEN ONSET AND DEATH: 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bronchopneumonia (l l l) — 4-5 days
DUE TO (c) 491X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Probable chronic bronchiectasis, pulm. fibrosis, emphysema

19. WAS AUTOPSY PERFORMED? YES ☐ NO ✓

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 12-10-57, to 12-11-57 and last saw him alive on 12-11-57
Death occurred at 5:35 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thompson & Potter, M.D.
22b. ADDRESS: 731 Faraon St. St. Joseph, Mo.
22c. DATE SIGNED: 12-13-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12-13-57
23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
23d. LOCATION (City, town, or county) (State): Mound City Missouri

24. FUNERAL DIRECTOR: Hamer Funeral Home **ADDRESS**: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Dec. 20, 1957
26. REGISTRAR'S SIGNATURE: Mrs. Robert Fulton
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor; coroner, etc. must use only standard nomenclature in the specific manner required by 193.140 MoRS 1949. All diseases in Part I must be causally related. Securing the medical certification in the specific manner required by 193.140 MoRS 1949. No symptoms will be listed.

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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. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed George A. Kerby

Licensed Embalmer No. 4752

P. O. Address St Joseph, Mo

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.