

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008629

STATE FILE NUMBER

Registration District No. 374 Primary Registration District No. 6294 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Greene Township TOWN Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY OR TOWN Greene Township Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b Life				d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Hennrietta Middle Elkins Last Elkins				4. DATE OF DEATH Month February Day 3 Year 1958			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 5, 1861 96	
9. AGE (In years last birthday) 96		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Danville, Illinois	
12. CITIZEN OF WHAT COUNTRY? U. S.				13. FATHER'S NAME Samual Crawford			
14. MOTHER'S MAIDEN NAME Katherine Mathews				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. None				17. INFORMANT Mrs. Ruth Donelson - Hatfield, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arteriosclerotic Cardiovascular Disease Interval between onset and death 10 yrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4221				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION July 57 COUNTY _____ STATE _____			
21. I attended the deceased from _____ to July 57 and last saw her alive on July 57 Death occurred at 6p on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE Frank B Matteson M.D., Coroner			
22b. ADDRESS Grant City, Missouri				22c. DATE SIGNED 275/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Feb. 10, 1958		23c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery		23d. LOCATION (City, town, or county) (State) Grant City, Missouri	
24. FUNERAL DIRECTOR Bill A. Dunfee - Grant City, Mo.				25. DATE RECD. BY LOCAL REG. Feb. 15, 1958		26. REGISTRAR'S SIGNATURE John E. Dunfee	

(Licensed Embolmer's Statement on Reverse Side)

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 Bill A. Dwyer
Licensed Embalmer No. 4

P. O. Address Grant
Mo.

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