

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023269

STATE FILE NUMBER 6076

FILED JUL 1 1958

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

6076

S. 300
1-57

All diseases in Part I must be causally related.
 secondary, common, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Walnut Ridge</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u> Length of stay in lb <u>33</u>		d. STREET ADDRESS (If outside, give location) <u>420 N. W. 3rd St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>FRED</u> Middle <u>NMN</u> Last <u>ELKINS</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>12</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 7, 1901</u>
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Operator of Bulk Oil Plant</u>	
11. BIRTHPLACE (City and state or country) <u>Walnut Ridge, Arkansas.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>R. E. Elkins</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Billings</u>	
14. NAME OF HUSBAND OR WIFE <u>Bertha</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If <u>Nil.</u> give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>Nil.</u>		17. INFORMANT Address <u>Bertha Elkins, 420 N. W. 3rd, St.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>EPIDERMOID CARCINOMA OF EPIGLOTTIS AND LARYNX WITH METASTASES TO LUNGS, RIGHT PELVIC BONES, ABDOMEN AND SPLEEN</u> 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) <u>16ix</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 YEARS</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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		COUNTY STATE	
21. I attended the deceased from <u>JUNE 10, 1958</u> to <u>JUNE 12, 1958</u> and last saw her/him alive on <u>JUNE 12, 1958</u> Death occurred at <u>9:10 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>F.P. Bradley</u> M. D.		22b. ADDRESS <u>BARNES HOSPITAL</u>	
22c. DATE SIGNED <u>6/12/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>6-12-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lawrence Memorial Park Cem.</u>	
23d. LOCATION (City, town, or county) (State) <u>Walnut Ridge, Arkansas.</u>		24. FUNERAL DIRECTOR ADDRESS <u>Albert H. Hoppe 4700 Washington, Blvd.</u>	
25. DATE RECD. BY LOCAL REG. <u>JUN 13 1958</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u> m 23	

JAN 21 1959

VS
NOV 21 1980

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 Elton H. Remick

Licensed Embalmer No. 4283

P.O. Address St. Louis, 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.