

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025102

FILED AUG 4 1958

Registration District No. 115-116 Primary Registration District No. 5434 Registrar's No. 200

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Villa Ridge		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Villa Ridge, <u>0360</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D.		Length of stay in lb 38 yrs.	d. STREET ADDRESS (If outside, give location) R.F.D.
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First George Middle Richard Last Elder			4. DATE OF DEATH Month July Day 31st , Year 1958.		
5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> <u>2</u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 17, 1864.	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months 10 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming.		10b. KIND OF BUSINESS OR INDUSTRY Farming.	11. BIRTHPLACE (City and state or country) Cole County, Ill. /	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Terry Elder.	13b. MOTHER'S MAIDEN NAME Unknown.	14. NAME OF DECEASED'S WIFE Ida Belle Elder.
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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 Stanley S Elder	Address Villa Ridge, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac decompensation		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Chronic myocarditis.		
DUE TO (c) 4222		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>0</u>

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 _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from 20 years ago to July 31, 1958 and last saw him alive on about 10 da. ago
Death occurred at 6:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J.P. Forth</i> (Degree or title)	22b. ADDRESS <i>Washington Mo</i>	22c. DATE SIGNED <i>8/1/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 3, 1958.	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery, Villa Ridge, Mo.	23d. LOCATION (City, town, or country) (State)
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24. FUNERAL DIRECTOR Mielburg & Vitt, Inc.	ADDRESS Washington, Mo.	25. DATE RECD. BY LOCAL REG. 8/2/58	26. REGISTRAR'S SIGNATURE <i>J.P. Steidman</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Jerome F. Seeboda*
Licensed Embalmer No. *4507*
P. O. Address *Washington*

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.