Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-044594
STATE FILE NUMBER

FILED JAN 8 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) JOPLIN — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) FREEMAN — Length of stay in lb 60 YR

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY JASPER
c. CITY OR TOWN JOPLIN 0495 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1316 PEARL — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: CHARLES MARTIN ELAM

4. DATE OF DEATH Month Day Year: DEC 28 1958

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH: AUG 28, 1869
9. AGE (In years last birthday): 89 — 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): SUPPLY CO. EMPLOYEE
10b. KIND OF BUSINESS OR INDUSTRY: RETAIL SALES
11. BIRTHPLACE (City and state or country): CHEROKEE CO., KS.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: ALFRED M. ELAM
13b. MOTHER'S MAIDEN NAME: CATHARINE C. BLACK
14. NAME OF HUSBAND OR WIFE: NELL (DECEASED)

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.
17. INFORMANT Address: MISS MAUDE SIGARS - JOPLIN

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) thrombosis right lenticulo striate artery with hemiparesis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 332XF
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
(1) Colles fracture, left forearm (2) General + Cerebral Arteriosclerosis

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

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 Dec. 6, 1951, to DEC. 28, 1958 and last saw him alive on Dec. 28, 1958
Death occurred at 12:35 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John Lee Kelley, Mo
22b. ADDRESS 304 Medical Arts Bldg Joplin, Missouri
22c. DATE SIGNED 12/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 12/30/58
23c. NAME OF CEMETERY OR CREMATORY PARK CEM.
23d. LOCATION (City, town, or county) (State) COLUMBUS KAN

24. FUNERAL DIRECTOR ADDRESS Hurlbut Gloves, Joplin
25. DATE RECD. BY LOCAL REG. 12-30-1958
26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Kaufman

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 Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.