

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004310
STATE FILE NUMBER

FILED FEB 2 1959

Registration District No.

374

Primary Registration District No.

4546

Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY 1126			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Denver, MO TOWN Inside Limits Yes ☒ No ☐				c. CITY OR TOWN Denver, MO Inside Limits Yes ☒ No ☐			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in lb 40 Yrs		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First FREDRICK Middle BOYD Last McELVAIN				4. DATE OF DEATH Month Jan Day 18 Year 1959			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Oct 13, 187 7		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 1 Days 18	IF UNDER 24 HRS. Hours 18 Min. 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Maker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Cyrus McElvain			13b. MOTHER'S MAIDEN NAME Olive Beavers			14. NAME OF HUSBAND OR WIFE Grace McElvain	
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. 707-05-6769		17. INFORMANT Address Mrs Grace McElvain Denver, MO			
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 Arteriosclerosis, generalized with multiple previous cerebro-vascular accidents 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)						INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 332X				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT ☐ 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 1955 , to Jan 18, 59 and last saw her alive on Jan 16, 59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Frank B. Harrison M.D.				22b. ADDRESS Grant City, Mo		22c. DATE SIGNED 1/19/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan 19, 1959		23c. NAME OF CEMETERY OR CREMATORY Lamb Cemetery		23d. LOCATION (City, town, or county) (State) Denver, Missouri	
24. FUNERAL DIRECTOR Kozmit 12 ram Desautel mo		ADDRESS Jan 26-1959		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE Bowdry Kibben	

(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 item 18. No symptoms will be listed. All diseases in Part I must be causally related.

VS APR 2 1959

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 John Andrews, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 4211

P. O. Address Grant City, 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.