

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017039

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 93

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Raymore Township</u>		c. CITY OR TOWN <u>Raymore Township</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 miles east Raymore</u>		Length of stay in lb <u>2 yrs</u>	
1		d. STREET ADDRESS (If outside, give location) <u>2 miles east Raymore</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		01900	

3. NAME OF DECEASED (Type or print) First <u>HARLEY</u> Middle <u>JENNINGS</u> Last <u>ELKINS</u>			4. DATE OF DEATH Month <u>May</u> Day <u>10</u> Year <u>1959</u>		
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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>Nov. 23, 1896</u>	9. AGE (In years) <u>62</u> (Birth day)	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Lees Summit, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert Elkins</u>	13b. MOTHER'S MAIDEN NAME <u>Myrtle Eskew</u>	14. NAME OF HUSBAND OR WIFE <u>Flossie Elkins</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>488-16-3238</u>	17. INFORMANT <u>Mrs. Flossie Elkins</u>	Address <u>Raymore, Mo.</u>
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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) <u>CIRCULATORY FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>MYOCARDITIS, CHRONIC</u>		<u>1 YEAR</u>
DUE TO (c) <u>PULMONARY EMPHYSEMA + BRONCHIECTASIS</u>		<u>10+ YRS.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CARCINOMA, PULMONARY, BRONCHOGENIC, ADVANCED</u>		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.) <u>5271H</u>
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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 <u>RAYMORE TWP.,</u> COUNTY <u>CASS,</u> STATE <u>MISSOURI</u>
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21. I attended the deceased from <u>Oct. 10, 1958</u> to <u>May 10, 1959</u> and last saw him alive on <u>April 22, 1959</u> Death occurred at <u>7:45 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Herbert A. Pray</u> (Degree or title) <u>M. D.</u>	22b. ADDRESS <u>Belton, Mo.</u>	22c. DATE SIGNED <u>5/12/1959</u>
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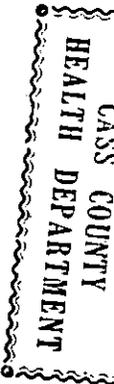
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 12, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>West Union Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Union Twp. Cass Co., Missouri</u>
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24. FUNERAL DIRECTOR <u>E. K. George & Sons, Inc.</u> ADDRESS <u>Belton, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>5-24-1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Ray Sebrer</u>
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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 Richard E. Deuge

Licensed Embalmer No. 3958

P. O. Address Beets, 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.