ept. Health,
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Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020417
STATE FILE NUMBER

FILED JUN 29 1959

Registration District No. 38 Primary Registration District No. 5120 ~~3006~~ Registrar's No. 273

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Columbia — Inside Limits Yes [X] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Boone Co. Rest Home — Length of stay in 1b 2 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Hallsville — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) ----- — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ASA Middle BLOOMFIELD Last ELKIN
4. DATE OF DEATH Month Day Year June 21, 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH March 5, 1868
9. AGE (In years last birthday) 91 — 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) Retired Wabash Agent
10b. KIND OF BUSINESS OR INDUSTRY Railroad Agent
11. BIRTHPLACE (City and state or country) Hallsville, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Z.T. Elkin
13b. MOTHER'S MAIDEN NAME Martha Jane Fulkerson
14. NAME OF HUSBAND OR WIFE Emma Catherine Robinson
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. None
17. INFORMANT Address Ralph Elkin, Route 7, Columbia, Mo.

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 2 Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Nephritis — 2 Years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 592X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 July 10, 1957, to June 21, 1959 and last saw him alive on June 16, 1959
Death occurred at 12:50 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) F. C. Suggett M D
22b. ADDRESS Columbia, Missouri
22c. DATE SIGNED 6/22/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 23, 1959
23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery
23d. LOCATION (City, town, or county) (State) Boone County, Missouri

24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service, Columbia, Mo.
25. DATE RECD. BY LOCAL REG. June 23 1959
26. REGISTRAR'S SIGNATURE Mrs R E Palmer

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.

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JUL 9 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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed J W Phillips

Licensed Embalmer No. 4897

P. O. Address Columbus MI 6

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.