

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033489

FILED VS SEP 22 1959

Registration District No. 316 Primary Registration District No. — Registrar's No. 352

STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Township</u>		Length of stay in lb <u>4Y; 1M; 13 das.</u>		c. CITY OR TOWN <u>Bismarck</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 4</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Unknown</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>MARVIN</u> Middle <u>EARL</u> Last <u>ELDERS</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>11</u> Year <u>1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 30, '03</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u>		IF UNDER 24 HR Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Perryville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Jesse Elders</u>		13b. MOTHER'S MAIDEN NAME <u>Lou Kennon</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-18-3866-H</u>		17. INFORMANT <u>Records, State Hosp. #4, Farmington, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Pulmonary infarction - - - - -</u>						<u>24 hrs.</u>	
DUE TO (b) <u>Pulmonary embolus - - - - -</u>						<u>24 hrs.</u>	
DUE TO (c) <u>duodenal ulcer, 10 das.</u>							
DUE TO (c) <u>Subtotal gastrectomy on 9-9-59 for bleeding /</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic brain syndrome associated with C.N.S. syphilis, tabo-paresis, with psychotic reaction.</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)					
20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. <u>—</u>	Month, Day, Year <u>Sept. 9, 1959</u>						
20d. INJURY OCCURRED WHILE AT WORK <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>Farmington, Missouri</u>					
20g. COUNTY <u>St. Francois</u>		20h. STATE <u>Missouri</u>					
21. I attended the deceased from <u>Sept. 9, 1959</u> to <u>Sept. 11, 1959</u> and last saw him alive on <u>Sept. 11, 1959</u> Death occurred at <u>5:10 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>H. R. Rindloff</u> (Degree of title)				22b. ADDRESS <u>State Hospital No. 4 Farmington, Missouri</u>		22c. DATE SIGNED <u>9-11-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 13, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		23d. LOCATION (City, town, or county) <u>Bismarck, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Mayland Caldwell &amp; Sons, Flat River, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 13, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Ether Rindloff</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Donald Dale Caldwell, Student Embalmer No. 587

working under my personal supervision.

Student Donald Dale Caldwell  
Signature of Student Embalmer

Signed Raymond Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River

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.