

VITAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039756

FILED VS DEC 15 1959 133

Registration District No. _____ Primary Registration District No. 3022 Registrar's No. 156

STATE FILE NUMBER

RECEIVED

1. PLACE OF DEATH a. COUNTY <u>Hannibal</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Gentry</u>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany, Mo.</u>		Length of stay in lb. <u>3 days</u>	c. CITY OR TOWN <u>Pattersonburg</u>		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>NOLH Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>EDNA</u> Middle <u>ELAM</u> Last _____			4. DATE OF DEATH Month <u>Dec</u> Day <u>12</u> Year <u>1959</u>			
5. SEX <u>Female</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>3/14/1893</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Civil Bend Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>John Young</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Euston</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur ELAM.</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>494-40-8731</u>	17. INFORMANT Address <u>ARTHUR ELAM Pattersonburg Mo.</u>			
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>LEFT CEREBRAL THROMBOSIS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u>					<u>years.</u>	
DUE TO (c) _____					_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____						
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	COUNTY	STATE		
21. I attended the deceased from <u>11-30-59</u> to <u>12-2-59</u> and last saw her alive on <u>12-2-59</u> Death occurred at <u>6:35</u> <u>p.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Albert P. Ribbe M.D.</u> (Degree or title)			22b. ADDRESS <u>Bethany, Mo.</u>		22c. DATE SIGNED <u>12-3-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6 Dec 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>F.O.O.F.</u>	23d. LOCATION (City, town, or county) (State) <u>Pattersonburg Missouri</u>			
24. FUNERAL DIRECTOR <u>Harvey A. Robinson</u> ADDRESS <u>Pattersonburg, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-6-1959</u>	26. REGISTRAR'S SIGNATURE <u>Gella Maxey</u>				

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 21 1960

AUG 5 1962

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 Harvey Allen Robinson

Licensed Embalmer No. 5175

P. O. Address Putnamburg, 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.