URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959

59-043024
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 223

AMENDED

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston — Length of stay in 1b: 1 week
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. Delta Community Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mississippi
c. CITY OR TOWN Charleston — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 805 E. Cypress — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GEORGE Middle ANDREW Last MCELMURRY
4. DATE OF DEATH: Month 11 Day 22 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/9/1884
9. AGE (last birthday): 75 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Hampton, Kentucky
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William Preston McElmurry
13b. MOTHER'S MAIDEN NAME: Emily Jane Nany
14. NAME OF HUSBAND OR WIFE: May McElmurry

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.: 492 42 3469
17. INFORMANT: Mrs Henry Ohmes, Address: Charleston, 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): Acute Pancreatitis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma, pancreas, body — 2 mo.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Intestinal Obstruction, duodenal, sec to b.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 11/15/59, to 11/22/59 and last saw ~~her~~ him alive on 11/22/59
Death occurred at 6:55 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wilson J. Ferguson, MD.
22b. ADDRESS: Sikeston, Mo.
22c. DATE SIGNED: 11/23/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/24/1959
23c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery
23d. LOCATION (City, town, or county) (State): Charleston, Mo.

24. FUNERAL DIRECTOR: Chas L Nunnelee Jr. ADDRESS: NUNNELEE FUNERAL CHAPEL Charleston, Mo.
25. DATE RECD. BY LOCAL REG.: 12-4-59
26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 3551

P. O. Address Charleston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.