

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59 0 4 4 6 1 1**

FILED VS DEC 28 1959/72

Registration District No. \_\_\_\_\_ Primary Registration District No. **3034** Registrar's No. **101**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Higginsville</b>		Length of stay in 1b		c. CITY OR TOWN <b>Higginsville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>W. 23rd Terrace</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>W. 23rd Terrace</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>HARRISON</b> Middle _____ Last <b>ELMORE</b>			4. DATE OF DEATH Month <b>December</b> Day <b>14</b> Year <b>1959</b>						
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12/15/1875</b>	9. AGE (last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>29</b>	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Coal Mining</b>		11. BIRTHPLACE (City and state or country) <b>Lafayette Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Sam Elmore</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Emmer Elmore</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>495-05-9550A</b>		17. INFORMANT <b>Emmer Elmore (Wife)</b>			Address <b>Higginsville Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b> DUE TO (b) <b>A S H D</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>7.4 hrs. Several years</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes mellitus</b>						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 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 _____ a.m. _____ p.m.		Month, Day, Year							
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 <b>1954</b> to <b>Dec. 14, 1959</b> and last saw him alive on <b>Dec. 14, 1959</b> Death occurred at <b>9:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Wilbur E. Fulkerson M.D.</b>				22b. ADDRESS <b>Higginsville Mo.</b>			22c. DATE SIGNED <b>12/15/59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)			(State)	
<b>Burial</b>		<b>Dec. 18, 1959</b>	<b>Mt. Muncie Cemetery</b>		<b>Higginsville</b>			<b>Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>A.H. Heber Funeral Home</b> By <b>[Signature]</b> <b>Higginsville, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Dec. 21-1959</b>		26. REGISTRAR'S SIGNATURE <b>Lucie Gordon Jordan</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 7 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold L. Walker

Licensed Embalmer No. 458

P. O. Address Lexington

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.