URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1960

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 32

60-007611
STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Louisiana — Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Pike County Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pike
c. CITY OR TOWN: Bowling Green — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 320 N. 8th — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Elmer Middle: — Last: Messick
4. DATE OF DEATH: Month: Feb. Day: 23 Year: 1960
5. SEX: Male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-9-1883
9. AGE (last birthday): 76
IF UNDER 1 YEAR: Months 9 Days 14 — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): self-employed
10b. KIND OF BUSINESS OR INDUSTRY: Fish Market
11. BIRTHPLACE (City and state or country): Pike County, Ill.
12. CITIZEN OF WHAT COUNTRY: US
13a. FATHER'S NAME: Asbury Messick
13b. MOTHER'S MAIDEN NAME: Nettie Minton
14. NAME OF HUSBAND OR WIFE: Julia Messick
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.: 494 20 5521
17. INFORMANT: Julia Messick Address: Bowling Green, 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): acute peripheral circulatory collapse — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral embolus
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. ☐ 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 2/21/60 to 2/23/60 and last saw her/him alive on 2/22/60
Death occurred at 11:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Jack R. Diffee (Degree or title) D.O.
22b. ADDRESS: Bowling Green, Mo
22c. DATE SIGNED: 2/25/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-26-60
23c. NAME OF CEMETERY OR CREMATORY: St. Clement Cemetery
23d. LOCATION (City, town, or county) (State): St. Clement, Missouri

24. FUNERAL DIRECTOR: J. O. Mudd, ADDRESS: Bowling Green, Mo.
25. DATE RECD. BY LOCAL REG.: Feb 26, 1960
26. REGISTRAR'S SIGNATURE: Bernice Callier

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James A. Mead

Licensed Embalmer No. 4152

P. O. Address Bowling G

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