

HEALTH DIVISION OF MISSOURI - STANDARD CERTIFICATE OF DEATH

60-019938

FILED VS JUN 1 1960

Registration District No. 170 Primary Registration District No. — Registrar's No. 87 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Auglaize T.S.	Length of stay in 1b 2 hrs.	c. CITY OR TOWN Lebanon	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N. of Lebanon		d. STREET ADDRESS (If outside, give location) Rural Route #4	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LOREN Middle EARL Last McELROY			4. DATE OF DEATH Month May Day 20 Year 1960		
5. SEX male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-9-1910	9. AGE (last birthday) 50	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) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Laclede Co. Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John McElroy		13b. MOTHER'S MAIDEN NAME Ida Lamkins	14. NAME OF HUSBAND OR WIFE Josephine McElroy		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no none		16. SOCIAL SECURITY NO. 499-10-6103	17. INFORMANT Address Mrs. Josephine McElroy, Lebanon, 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) undetermined		INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Apparent Heart Ailment	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had no medical attention for 12 years		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	
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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 _____ to _____ and last saw her/him alive on _____
Death occurred at **4:00 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hella L. May, Local Registrar Lebanon, Missouri		22b. ADDRESS	22c. DATE SIGNED 5-23-1960
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5-24-60	23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	23d. LOCATION (City, town, or county) (State) Laclede Co., Missouri
24. FUNERAL DIRECTOR [Signature]	ADDRESS Lebanon, Missouri	25. DATE RECD. BY LOCAL REG. 5-23-1960	26. REGISTRAR'S SIGNATURE Hella L. May

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 4 1961

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 Bill M. Abbott, Student Embalmer No. PERMIT 3

working under my personal supervision.

Student Bill M. Abbott
Signature of Student Embalmer

Signed Gene B. Hunter

Licensed Embalmer No. 4739

P. O. Address Sgt. M.

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.