

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034402

FILED VS SEP 19 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 944 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 50 years	c. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 637 E. Catalpa		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 637 E. Catalpa Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First INEZ Middle FAY Last ELICK			4. DATE OF DEATH Month September Day 10 Year 1960		
5. SEX Female	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 April 30, 1887	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months 4 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home	11. BIRTHPLACE (City and state or country) Salinas, California		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James W. Allard		13b. MOTHER'S MAIDEN NAME Isabel Laymon		14. NAME OF HUSBAND OR WIFE Robert E. Elick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mr. Robert E. Elick Springfield, 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) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 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 _____ 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 1959 to Present and last saw her/him alive on Sept 9, 1960
Death occurred at 9³⁰ A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>T. E. Lachman M.D.</i> (Degree or title)	22b. ADDRESS Springfield Mo.	22c. DATE SIGNED 9/12/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 13, 1960	23c. NAME OF CEMETERY OR CREMATORY Maple Park	LOCATION (City, town, or county) Springfield, Missouri
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24. FUNERAL DIRECTOR Gorman-Scharpf Funeral Home, Inc. ADDRESS Springfield, Missouri	25. DATE RECD. BY LOCAL REG. 9-13-60	26. REGISTRAR'S SIGNATURE <i>Effie S. Meeter</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 27 1960

DEC 18 1960

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 Lewis L. Scharp

Licensed Embalmer No. 3802

P. O. Address Springfield

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