

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 24 1960

-60-037493

IDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1085

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 11 days		c. CITY OR TOWN Utica		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First ELGIE Middle ALLEN Last				4. DATE OF DEATH Month October Day 14 Year 1960			
5. SEX female	6. COLOR OR RACE white	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 9/8/1884	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Douglas County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Noble		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Aaron			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Charlie Allen, Utica, 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) Uremia (UREMIA)						INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) generalized carcinoma						1 yr	
DUE TO (c) adeno carcinoma Bladder						3 yrs	
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 OCT 1, 1960 to OCT 14, 1960 and last saw her alive on OCT 14, 1960 Death occurred at 11:55 a. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Sol J. Forgrave (Degree or title)		22b. ADDRESS 420 N 83rd St, Joplin, Mo.		22c. DATE SIGNED 10/15/60			
23a. BURIAL, CREATION, REMOVAL (Specify) removal	23b. DATE 10/14/1960	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Chillicothe, Missouri			
24. FUNERAL DIRECTOR Wesley Bowman ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Oct. 18, 1960		26. REGISTRAR'S SIGNATURE Wm. Clark Standell			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

J.R. Forgrave, 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3884

P. O. Address 3450 10th St

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.