

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010103

AMENDED

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 34

STATE FILE NUMBER

FILED MAR 22 1961

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LOUISIANA</u>		Length of stay in 1b <u>9 WEEKS</u>	c. CITY OR TOWN <u>CLARKSVILLE</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LOUISIANA NURSING HOME</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RFD #1</u>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>GUY</u> Middle <u>ELSTON</u> Last			4. DATE OF DEATH Month <u>MARCH</u> Day <u>13</u> Year <u>1961</u>		
5. SEX <u>MALE</u>	6. COLOR, OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-25-1886</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER + MACHINIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (City and state or country) <u>LINCOLN CO MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>SAMUEL L ELSTON</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA CANNON</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>RICHARD ELSTON CLARKSVILLE MO</u>	
15. (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>RICHARD ELSTON CLARKSVILLE MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>C. V. A.</u>		<u>sudden</u>
DUE TO (b) <u>Arteriosclerotic hypertensive Cardio-Vascular disease (Previously C.V.A.)</u>		<u>5 yrs</u>
DUE TO (c) <u>Cystitis</u>		<u>3 yrs</u>

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 <u>CLARKSVILLE</u>	COUNTY <u>PIKE</u>	STATE <u>MO</u>
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21. I attended the deceased from 3/6/59 to 3/13/61 and last saw him alive on 3/13/61
Death occurred at 1:15 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Chas. H. Sweller</u> (Degree or title)	22b. ADDRESS <u>M.D. Louisiana, Missouri</u>	22c. DATE SIGNED <u>3/14/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>MAR 15-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ELSBERRY CITY CEM</u>	23d. LOCATION (City, town, or county) (State) <u>ELSBERRY MO</u>
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24. FUNERAL DIRECTOR <u>MILLER FUNERAL HOME</u> <u>ELSBERRY MO</u>	25. DATE RECD. BY LOCAL REG. <u>3-15-1961</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF DOCUMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Geo. M. Collier

Licensed Embalmer No. 3839

P. O. Address Louisiana

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.