

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002698

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 40

FILED FEB 5 1962

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Length of stay in 1b 3 da.	c. CITY OR TOWN Emden
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Cora Ethel Elwood			4. DATE OF DEATH Month Day Year Jan. 18, 1962		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/5/1881	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months 6 Days 13	IF UNDER 24 HR Hours 13 Min.
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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) Shelby County, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME George Daniel	13b. MOTHER'S MAIDEN NAME Katherine Poore	14. NAME OF HUSBAND OR WIFE Thomas H. Elwood
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	17. INFORMANT Gladys Allen, Philadelphia Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized carcinomatous of abdomen	6 mo
	DUE TO (c) Carcinoma of ovary	2-3 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from Jan 15, 1962 to Jan 18, 1962 and last saw her alive on Jan 18, 1962
Death occurred at 3:25 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J.H. Hill</i> (Degree or title) MD	22b. ADDRESS Palmyra Mo.	22c. DATE SIGNED 1/25/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 20, 1962	23c. NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery	23d. LOCATION (City, town, or county) Philadelphia, Mo.
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24. FUNERAL DIRECTOR Feaster-Garner, Philadelphia, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Jan. 29, 1962	26. REGISTRAR'S SIGNATURE <i>Dr. E.M. Lusche by Lillian M. Norman</i>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 SHOULD READ
 ITEM NO.

MAY 15 1962

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 Nancy Tamm

Licensed Embalmer No. 3720

P. O. Address Moore City

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.