

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

13 - 62-003125
STATE FILE NUMBER

Registration District, No. 278 Primary Registration District No. 3054 Registrar's No. 13

AMENDED

FILED FEB 8 1962

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Pike</u>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Pike</u>	
Length of stay in 1b <u>13 days</u>		c. CITY OR TOWN <u>Bowling Green</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>				d. STREET ADDRESS <u>316 Centennial</u>		(If outside, give location)	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (last birthday)	
First <u>Walter</u>		Middle <u>B</u>		Last <u>Elmore</u>		Month Day Year <u>Jan. 17 1962</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>7/3/1877</u>	9. AGE (last birthday) <u>84</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>Funeral Director</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Service</u>		11. BIRTHPLACE (City and state or country) <u>Ashley, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert O. Elmore</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie Hammond</u>			14. NAME OF HUSBAND OR WIFE <u>Laura Mae Elmore</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Walter E. Elmore, Bowling Green 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>Pneumonia</u>							<u>2 weeks</u>
DUE TO (b) <u>Mild Nutrition and Dehydration</u>							<u>1 month</u>
DUE TO (c) <u>Arteriosclerosis</u>							<u>5 years</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	
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 <u>1/5/62</u> to <u>1/17/62</u> and last saw her/him alive on <u>1/17/62</u> Death occurred at <u>12:00</u> p on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Chas. H. Lemellen MD</u> (Degree or title)				22b. ADDRESS <u>122 S.3rd. Louisiana, Mo.</u>			22c. DATE SIGNED <u>1/17/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/19/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green Cem.</u>		23d. LOCATION (City, town, or county) <u>Bowling Green Mo.</u>		(State)
24. FUNERAL DIRECTOR: <u>A.R. Pritchett Middelton, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Jan 23-62</u>		REGISTRAR'S SIGNATURE <u>Bernice Walker</u>	

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.