MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 236 STATE FILE NUMBER 62-014136

FILED APR 30 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: BOONE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: COLUMBIA — Length of stay in 1b: 58 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): UNIVERSITY Med. Center — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: POLK
c. CITY OR TOWN: PLEASANT HOPE — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): RT. #1 — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: RICKY Middle: Dean Last: McELWEE
4. DATE OF DEATH: Month 4 Day 27 Year 1962
5. SEX: MALE
6. COLOR OR RACE: W
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-6-55
9. AGE (last birthday): 6 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Kabone
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): SPRINGFIELD, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: JOSEPH McELWEE
13b. MOTHER'S MAIDEN NAME: MARIE ALICE JOYE
14. NAME OF HUSBAND OR WIFE: —
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.: none
17. INFORMANT: Hosp't Record — Address: U.M.M.C.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary obstruction — INTERVAL BETWEEN ONSET AND DEATH: 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hemorrhage — 35 min
DUE TO (c): Repair of Ventricular Septal Defect — 21 hrs.
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 April 1, 1962 to April 27, 1962 and last saw her/him alive on April 27, 1962
Death occurred at 9:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Henry W. Clever Jr. MD.
22b. ADDRESS: UMMC - Columbia Mo.
22c. DATE SIGNED: 4-27-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/30/1962
23c. NAME OF CEMETERY OR CREMATORY: Greenlawn
23d. LOCATION (City, town, or county): Springfield (State): MO.
24. FUNERAL DIRECTOR: Ralph Thieme Funeral Service — ADDRESS: 1200 Boonville Springfield, Mo.
25. DATE RECD. BY LOCAL REG.: April 27, 1962
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

MAY 8 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 Harold Lutrell

Licensed Embalmer No. 5079

P. O. Address Springfield, Mo.

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.