MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030951

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 4134

FILED AUG 28 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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2	3388.2
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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: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 7 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: V A HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3200 EAST 30TH — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ELBERT Middle J Last ELAM

4. DATE OF DEATH: Month August Day 8, Year 1962

5. SEX: MALE

6. COLOR OR RACE: Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-28-20

9. AGE (last birthday): 41 — 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): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Janitor

11. BIRTHPLACE (City and state or country): Alexandria, La

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Roy Elam

13b. MOTHER'S MAIDEN NAME: Mary Walker

14. NAME OF HUSBAND OR WIFE: Cleopatra Elam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII

17. INFORMANT Address: VA Hospital Official Records, K.C. Mo

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): Bilateral bronchopneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Severe lymphomatous infiltration of the kidneys

DUE TO (c): Lymphoma of the right testes

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. VA I attended the deceased from 11-24-61, to 8-8-62 and ~~last saw~~ ~~be~~ ~~mm~~ ~~xxxxxx~~ Death occurred at 3:05 a m on the date stated above, and to the best of my knowledge, from the causes stated.

Virgilio Sangalong MD

22a. SIGNATURE (Degree or title): Virgilio Sangalong

22b. ADDRESS: VA Hospital, Kansas City, Mo.

22c. DATE SIGNED: 8-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 8-10-62

23c. NAME OF CEMETERY OR CREMATORY: -

23d. LOCATION (City, town, or county) (State): Mansfield, Louisana

24. FUNERAL DIRECTOR ADDRESS: Mrs. Meek's Mortuary, K. C. Mo.

25. DATE RECD. BY LOCAL REG.: 8-10-62

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

SEP 24 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 Eddie Middleton

Licensed Embalmer No. 5046

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.