

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034500

DO NOT WRITE ON THIS STUB

AMENDED

Registered District No. FILED OCT 13 9 1962 Primary Registration District No. 3022 Registrar's No. 131 STATE FILE NUMBER

VS 300 Rev. 4/59

1 0411
2 0410,
3
4 0
5 1
6
7 1
8 2
9 331X
10
11
12 2-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		Length of stay in lb <u>3 Days</u>	c. CITY OR TOWN <u>Blythedale</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Reid Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2 mile N.E. Blythedale</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Jess B. MAXIE ELMORE</u>		4. DATE OF DEATH Month Day Year <u>Sept 27, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-12-1895</u>
9. AGE (last birthday) <u>77</u>		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) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Champaign Co. Ill.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>James Madison Elmore</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Katie 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>No</u>	
17. INFORMANT Address <u>Katie Elmore, Blythedale, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>BILATERAL BRONCHOPNEUMONIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>	
DUE TO (b) <u>RECURRENT CEREBRAL HEMORRHAGE</u>		<u>4 DAYS</u>	
DUE TO (c) <u>ESSENTIAL HYPERTENSION</u>		<u>10 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>6/30/54</u> to <u>9/27/62</u> and last saw ^{her} him alive on <u>9/26/62</u>		Death occurred at <u>4:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Wm. Country</u> (Degree or title) <u>D.O.,</u>		22b. ADDRESS <u>BETHANY, MISSOURI</u>	
22c. DATE SIGNED <u>10/2/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Sept 29, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Allen Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>5 Mi. West Eagleville, Mo</u>		24. FUNERAL DIRECTOR ADDRESS <u>Gerald W. Boggs, Eagleville, Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>10-2-1962</u>		26. REGISTRAR'S SIGNATURE <u>Jella Mayes</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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

Herald W. Boggs

Licensed Embalmer No. 4762

P. O. Address Eagleville, 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.