MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049273
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

Dr M
AMENDED

Registration District No. 852 Primary Registration District No. _____ Registrar's No. 119

FILED DEC 26 1962

VS 300
Rev. 4/59

1 1060
2 1060
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4 1
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7 1
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12 1-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Ta ney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Branson
Length of stay in 1b: 1 day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Skaggs Hosp.
Inside Limits: Yes # No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Taney
c. CITY OR TOWN: Forsyth
Inside Limits: Yes No #
d. STREET ADDRESS (If outside, give location): Highway 76
Reside on Farm: Yes No #

3. NAME OF DECEASED (Type or print): First FENA Middle HELEN Last ELMGREN
4. DATE OF DEATH: Month Dec. Day 11 Year 1962
5. SEX: F
6. COLOR OR RACE: W
7. Married # Never Married Widowed Divorced
8. DATE OF BIRTH: 6/22/1887
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months 5 Days 19
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own house
11. BIRTHPLACE (City and state or country): New York
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Albert Van Dyk
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: David Elmgren
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: David Elmgren Address: Forsyth, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Diabetes — ? / da
DUE TO (c):
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 12-10-62, to 12-11-62 and last saw her/him alive on 12-11-62
Death occurred at 6 P m m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hartley F Mare M D
22b. ADDRESS: Forsyth Mo
22c. DATE SIGNED: 12-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 12/13/62
23c. NAME OF CEMETERY OR CREMATORY: Wilmette
23d. LOCATION (City, town, or county) (State): Wilmette, Ill

24. FUNERAL DIRECTOR: Walter Cobb ADDRESS: Branson, Mo
25. DATE RECD. BY LOCAL REG.: 12-21-62
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

MAR 5 1963

MAR 6 1963

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_____ Signed Walter Cobb

Signature of Student Embalmer

Licensed Embalmer No. 4731

P. O. Address Branson 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.