

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5819

State File No.

BIRTH NO. 70620-49 REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6023 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Ray.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Knoxville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> <u>0130</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>i</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Beverly Ann Elam</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BEVERLY</u>		b. (Middle) <u>ANN</u>	
c. (Last) <u>ELAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Nov. 13, 1949</u>
9. AGE (in years last birthday) <u>2</u>		if UNDER 1 YEAR Months <u>2</u> Days <u>25</u>	if UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Clifford Elam</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Sharp</u>	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)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clifford Elam Polo mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>STATUS THYMICUS</u> INTERVAL BETWEEN ONSET AND DEATH <u>273XC</u> <u>6 weeks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PERTUSSIS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Dec 28, 1949</u> , to <u>Feb. 8, 1950</u> , that I last saw the deceased alive on <u>Feb. 4, 1950</u> , and that death occurred at <u>6 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. E. Goldberg M.D.</u>		23b. ADDRESS <u>Raymer mo.</u>	23c. DATE SIGNED <u>2/10/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>2-9-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Courville mo</u>
24d. LOCATION (City, town, or county) (State) <u>Courville mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alapant & Cowley Polo mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 15 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Raymond Grove</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 13

District Health Officer No. 8,

District File Number _____

Date Filed 3-14-50

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 _____

was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

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 this body is not embalmed, fact should be so stated above.