

230 MAR 17 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

7246
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 577
 (b) Township Pilot Grove Primary Registration District No. 5775
 (c) City Excelsior (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizebeth C. Deffenbaugh

(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joel T. Deffenbaugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 3 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired Housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME John I. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Nancy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Jack Deffenbaugh
California, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Eldon DATE 2-9-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Phillips Funeral Home
Eldon, Missouri

20. FILED 3-7 1939 Nadine Lathams (Address) Thersailles, Mo.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-1939 1939

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1937, to February 7, 1939
 I last saw her alive on February 25, 1939. Death is said to have occurred on the date stated above, at 1:30 P. M.
 The principal cause of death and related causes of importance were as follows:

senile age and confinement with perfect care
 Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury May 18, 1937

Where did injury occur? at home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fractured Hip
 Nature of injury Fall on floor

24. Was disease or injury in any way related to occupation of deceased? 7/0
 If so, specify

(Signed) H. E. Blacksten, M. D.
Thersailles, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

..... Louis D. Phillips, or by

Registered Apprentice No....., working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

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, above space should be left blank.