

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

15193

State File No. ....

FILED JUN 13 1949

BIRTH NO. ....		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4098</u>		Registrar's No. <u>80</u>			
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belton</u>		c. LENGTH OF STAY (in this place) <u>51 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belton</u>		d. STREET ADDRESS (If rural, give location) <u>118 Com. St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>118 Com. St.</u>				d. STREET ADDRESS (If rural, give location) <u>118 Com. St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u> b. (Middle) <u>Nightengale</u> c. (Last) <u>Elkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1949</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>Widowed</u> , <u>Divorced</u> , <u>Widow</u>		8. DATE OF BIRTH <u>Oct. 11, 1870</u>			
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>			11. BIRTHPLACE (State or foreign country) <u>Jasper Co., Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Samuel Mallicoat</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Lush</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Elkins</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Fred Bremmer, Peculiar, Mo.</u>			ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS, GENERALIZED</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>DIABETES MELLITUS</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>  <u>10 YRS.</u>  <u>20+ YRS.</u>	
19a. DATE OF OPERATION <u>MAY 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric fracture, left hip (S.P. Nail + Bar fixation)</u>						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) <u>BELTON, CASS, MISSOURI</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>NONE</u>					
22. I hereby certify that I attended the deceased from <u>MARCH 29, 1947</u> , to <u>JUNE 4, 1949</u> , that I last saw the deceased alive on <u>JUNE 4, 1949</u> , and that death occurred at <u>4:15 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Herbert A. Tracy, M.D.</u>				23b. ADDRESS <u>BELTON, Mo.</u>		23c. DATE SIGNED <u>June 5, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belton Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Belton, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>June 6, 1949</u>		REGISTRAR'S SIGNATURE <u>Raura J. Jones</u>		51		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. T. ...</u>		ADDRESS <u>Belton Mo</u>	

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

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**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.

Signed.....  
Student Embalmer

Signed A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandover, N.C.

**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.