

No. 300
10-48

FILED MAY 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15450**
Registrar's No. **80**

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BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **B026** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington "Rural" St. John's.	
c. LENGTH OF STAY (In this place) 5 mos.		d. STREET ADDRESS (If rural, give location) R.F.D. #2.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 504 W. 3rd St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Edward	b. (Middle) D.	c. (Last) Elbert	4. DATE OF DEATH (Month) (Day) (Year) May 18, 1949.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 23rd, 1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					Months 1	Days 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Krakow, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Elbert.	13b. MOTHER'S MAIDEN NAME Unknown.	14. NAME OF HUSBAND OR WIFE Anna Elbert.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME Herbert Elbert	ADDRESS Washington, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic heart failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic C.V.-R disease DUE TO (c) Old age		? 11 2X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hernia, inguinal			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Washington, Franklin, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **15 April, 1947** to **18 May, 1949**, that I last saw the deceased alive on **18 May, 1949**, and that death occurred at **9:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Raymond J. Bogzo, M.D.	23b. ADDRESS Washington, Mo	23c. DATE SIGNED 19 May 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 21, 1949.	24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery	24d. LOCATION (City, town, or county) (State) Washington, Mo.
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DATE REC'D BY LOCAL REG. May 19, 1949	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE 99 ADDRESS Rielburg & Vitt, Inc. Washington, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed MAY 24 1949
District File Number _____
District Health Officer No. 9
RECEIVED

MAY 19 1961

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 _____

Lester A. Pitt
3254

Licensed Embalmer No. _____

P. O. Address Washington, Mo

Signed _____
Student Embalmer

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.