

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29060

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CEDAR</u>	
b. CITY OR TOWN <u>NEVADA, MO.</u>		c. CITY OR TOWN <u>ELDORADO SPRINGS</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>219 W. OAK ST.</u>			

3. NAME OF DECEASED (Type or Print) <u>LOTA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-4-49</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 12, 1891</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>CEAR, Co. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>LAFAYETTE ELLISTON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY MOYER</u>		14. NAME OF HUSBAND OR WIFE <u>HURSHAK ESRV</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HURSHAK ESRV</u>		ADDRESS <u>ELDORADO ST.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) <u>-</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>-</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-</u>
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22. I hereby certify that I attended the deceased from Sept, 1942, to Aug 4, 1949, that I last saw the deceased alive on Aug 4, 1949, and that death occurred at 3:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. L. Martin D.M.H.</u>	23b. ADDRESS <u>Nevada Mo</u>	23c. DATE SIGNED <u>8-5-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>8-4-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CLINTONVILLE</u>	24d. LOCATION (City, town, or county) (State) <u>ELDORADO SPRINGS MO.</u>
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DATE REC'D BY LOCAL REG. <u>8/16/49</u>	REGISTRAR'S SIGNATURE <u>Rathun H. Vance</u>	331	25. FUNERAL DIRECTOR'S SIGNATURE <u>William Carathene</u>	ADDRESS <u>ELDORADO SPRINGS</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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2

SEP 1 1945

RECEIVED
District Health Officer No. 7
District File Number 2-49-994
Date Filed 8-22-48

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 *Floyd E. Cautley*
Licensed Embalmer No. 4419

P. O. Address *6 Doiade Spg*

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.