

No. 300
10.48

16

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

FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29521

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 329

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| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> | |
| c. LENGTH OF STAY (In this place) <u>25 yrs.</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape Osteopathic Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>807 So. Ellis Street</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lonie</u> b. (Middle) <u>G.</u> c. (Last) <u>Elihinger</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25, 1949</u> | | |
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| 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>March 2, 1889</u> | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 11 MRS. Hours Min. <u>60</u> | |
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| 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 | | 11. BIRTHPLACE (State or foreign country) <u>Near Advance, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
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| 13a. FATHER'S NAME <u>Willington Colbert</u> | | 13b. MOTHER'S MAIDEN NAME <u>Malinda Patterson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Fred Elihinger</u> | |
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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) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Fred Elihinger</u> | | ADDRESS <u>Cape Gir, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Coronary Thrombosis</u> DUE TO (c) <u>Arteriosclerosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>701</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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| 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) | |
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| 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? | |
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22. I hereby certify that I attended the deceased from 9/24, 1949, to 9/25, 1949, that I last saw the deceased alive on 9/25, 1949 and that death occurred at 5:40P m., from the causes and on the date stated above.

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|--------------------------------------------|--|----------------------------------------------------|--|-------------------------------------------|--|
| 23a. SIGNATURE <u>J. H. Jewell M.D.</u> | | 23b. ADDRESS <u>105 S. Spanish Cap. Highway</u> | | 23c. DATE SIGNED <u>Sept. 27, 1949</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sept. 28, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemt.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Advance, Missouri.</u> | |
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| DATE RECD BY LOCAL REG. <u>9-28-1949</u> | | REGISTRAR'S SIGNATURE <u>C. C. Summers</u> | | 440 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Roman</u> | | ADDRESS <u>Cape Gir, Mo.</u> | |
|---------------------------------------------|--|-----------------------------------------------|--|-----|--|---------------------------------------------------------|--|---------------------------------|--|

RECEIVED 10-3-49

District Health Officer No. 4

District File Number 1049-129

Date Filed _____

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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4182

P. O. Address Cape Girardeau, Mo

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.