

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36375

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1313

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph) c. LENGTH OF STAY (in this place) 43 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1401 North 10th, Street		d. STREET ADDRESS (If rural, give location) 1401 North 10th, Street	
3. NAME OF DECEASED (Type or Print) a. (First) THERESA b. (Middle) --- c. (Last) ELLINGSEN		4. DATE OF DEATH (Month) 11 (Day) 29 (Year) 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 8, 1874
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Austin, Minn.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Englebort Laufle		13b. MOTHER'S MAIDEN NAME Cresence Stark	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary A. Beers - Austin, Minn. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Carcinosis ANTECEDENT CAUSES (b) Cancer of uterus DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 5-26-49		19b. MAJOR FINDINGS OF OPERATION Diagnostic Curettage - Findings - Carcinoma	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH about 6 mos unknown	
21a. ACCIDENT SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	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?	
22. I hereby certify that I attended the deceased from 5-25 1949, to 11-29 1949, that I last saw the deceased alive on 11-27 1949, and that death occurred at 1:45 A.M., from the causes and on the date stated above.			
23a. SIGNATURE John J. Jenkins (Degree or title)		23b. ADDRESS St. Joseph, Mo.	
23c. DATE SIGNED 11-29-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec. 1, 1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
24d. LOCATION (City, town, or county) St. Joseph, Missouri		24e. (State)	
DATE REC'D BY LOCAL REG. Dec 2, 1949		REGISTRAR'S SIGNATURE E. G. Jenkins 382	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS St. Joseph, Mo.	

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

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

Charles M. Harman

Signed _____

Student Embalmer

Licensed Embalmer No. *4487*

P. O. Address *St. Joseph*

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.