

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7235

972  
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BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>			
c. LENGTH OF STAY (in this place) <u>78 Days</u>				d. STREET ADDRESS (If rural, give location) <u>457 West Summit</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Putnam Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u>			b. (Middle) <u>Elsea</u>			c. (Last) <u>Colvert</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6th, 1950</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 12th, 1860</u>	
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>II</u> Days <u>24</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Saline County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Isaac N. Elsea</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Fulkerson</u>			14. NAME OF HUSBAND OR WIFE _____	
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>Mrs Alta Smith, Marshall, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> INTERVAL BETWEEN ONSET AND DEATH _____ *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gradual decline</u> DUE TO (c) <u>for 3 years.</u> II. OTHER SIGNIFICANT CONDITIONS: _____ Conditions contributing to the death but not related to the disease or condition causing death. <u>794A</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>Marshall Saline</u>			
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 <u>July, 1949</u> to <u>Feb. 6, 1950</u> , that I last saw the deceased alive on <u>Feb. 6, 1950</u> , and that death occurred at <u>5- p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. Putnam M.D.</u> (Degree or title)				23b. ADDRESS <u>Marshall, Mo</u>		23c. DATE SIGNED <u>2-7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 8th, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 7-1950</u>		REGISTRAR'S SIGNATURE <u> Sidney T. Gray</u>		385		25. FUNERAL DIRECTOR'S SIGNATURE <u>CAMPBELL-LEWIS, MARSHALL-MO</u> ADDRESS _____	

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

RECEIVED

FEB 13

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-24-50

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 R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.