

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33426
4165

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nebraska</u> b. COUNTY <u>Adams</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hastings</u>	
c. LENGTH OF STAY (in this place) <u>11 Days</u>		d. STREET ADDRESS (If rural, give location) <u>129 1/2 N. Lincoln</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Devine Bros. Clinic</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELMER</u>	b. (Middle) <u>CLAYTON</u>	c. (Last) <u>BEST</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-2-50</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>	8. DATE OF BIRTH <u>Jan. 29th 1878</u>	9. AGE (In years last birthday) <u>72</u>	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 HRS. Hours	10. UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Alma Best</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. (If yes, give war or dates of service) <u>506-05-5697</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alma Best, Hastings, Neb</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u> <u>9 AM</u> <u>2 yrs</u> <u>610X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Surgery</u> DUE TO (c) <u>Medican Care, obstetrical</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 Sept 22, 1950 to Oct 2, 1950, that I last saw the deceased alive on Oct 2nd, 1950, and that death occurred at 4:30 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>V. J. Devine</u> (Degree or title)	23b. ADDRESS <u>St. Joseph Hospital</u>	23c. DATE SIGNED <u>10-2-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-3-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Hastings, Nebraska</u>
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DATE REC'D BY LOCAL REG. <u>10-3-50</u>	REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Freeman Mortuary, K. C. Mo</u>
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Willis H. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. *4438*

P. O. Address *K. C., 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.