

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40210

State File No.

BIRTH NO. 12-2050 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5384 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Lockwood twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lockwood twp.</u>	
c. LENGTH OF STAY (in this place) <u>4 years</u>		d. STREET ADDRESS (If rural, give location) <u>Rt #3, 3 mi S.E. of Lockwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt #3 Lockwood</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Aubrey</u> b. (Middle) <u>Dwight</u> c. (Last) <u>ELSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 19, 1884</u>			9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>9</u>
11. BIRTHPLACE (State or foreign country) <u>Great Bend, Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>			

13a. FATHER'S NAME <u>Jerome O. Elson</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Branson</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Elson</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>513-07-5926</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Gertrude Elson; Rt. #3, Lockwood, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes mellitus</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				260X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Perniciou anemia</u>							

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 11-12, 1946, to 11-27, 1950, that I last saw the deceased alive on 11-27, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>N. D. Combs, M.D.</u> (Degree or title)		23b. ADDRESS <u>Lockwood, Missouri</u>		23c. DATE SIGNED <u>12/29/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 31, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lockwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lockwood, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>12-30-50</u>		REGISTRAR'S SIGNATURE <u>Les L. Weir</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. C. Canada, Greenfield, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 3 1951

Dist. File 151-33

Date Filed 1-4-51

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. _____

Student
Student Embalmer

Signed J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.