

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>47 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	L 58
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1218 1/2 Wabash</u>		d. STREET ADDRESS (If rural, give location) <u>1218 1/2 Wabash</u>	

3. NAME OF DECEASED (Type or Print) Albert Cee Eluff

a. (First) _____ b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH Nov. 28, 1950
(Month) (Day) (Year)

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Mar. 19, 1881 9. AGE (In years last birthday) 69

IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Evansville, Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Bluff 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Maude Bluff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. 496-07-8463

17. INFORMANT'S SIGNATURE OR NAME Maude Bluff ADDRESS 1218 1/2 Wabash

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH 25 minutes

ANTECEDENT CAUSES Arteriosclerotic heart disease DUE TO (b) _____

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS 42
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 NO

21a. ACCIDENT (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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from Nov 28, 1950 to Nov 28, 1950, that I last saw the deceased alive on Nov 28, 1950, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. Zeller Mayer (Degree or title) MD 23b. ADDRESS 609 Prof. Bldg. 23c. DATE SIGNED 12-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12/5/50 24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 12-4-50 REGISTRAR'S SIGNATURE Sheraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE Walter R. ... ADDRESS 1729 Lydia

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

Zellarmayer

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *L. J. Marlowe*

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

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.