

FILED FEB 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1697

BIRTH NO. REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. AL

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora	
c. LENGTH OF STAY (In this place) 9yr.		d. STREET ADDRESS (If rural, give location) 306 East Crescent	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 306 Crescent St. East			

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) M	c. (Last) Eley	4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1951
-------------------------------------	---------------------------	----------------------	-----------------------	--

5. SEX MD	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 27, 1874	9. AGE (In years last birthday) 76	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
------------------	---------------------------	---	---------------------------------------	---	-----------------------	---------------------	----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Store owner	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (State or foreign country) Huntsville, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	--

13a. FATHER'S NAME James Eley	13b. MOTHER'S MAIDEN NAME Nancy Jane Crow	14. NAME OF HUSBAND OR WIFE Leona Eley
--------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Leona Eley	ADDRESS Aurora, Missouri
--	-----------------------------------	---	---------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Decompens. 2 wks.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral Stenosis		4 years.
	DUE TO (c) Bilateral Blindness		3 years

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	----------------------------------	--

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) (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 **Jan 5, 1938** to **Jan 18, 1951**, that I last saw the deceased alive on **Jan 18, 1951**, and that death occurred at **5:10 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Donald L. Eley M.D.	23b. ADDRESS 511 N. 7th St. Aurora Mo.	23c. DATE SIGNED Jan. 19, 1951
---	---	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)	24b. DATE Jan 21, 1951	24c. NAME OF CEMETERY OR CREMATORY Maple Park cemetery	24d. LOCATION (City, town, or county) (State) Aurora, Missouri
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. JAN 26 51	REGISTRAR'S SIGNATURE Orsa Mc Ratto	25. FUNERAL DIRECTOR'S SIGNATURE William Wood	ADDRESS Aurora, Mo.
---	--	--	----------------------------

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

55

11-5

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 31 1951

Dist. File 151-259

Date Filed 1-31-51

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. _____

Signed _____
Student Embalmer

Signed

James D. Crafton

Licensed Embalmer No. 4668

P. O. Address Purora, 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.