

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13695

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 159

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, write RURAL and give town or TOWN Farmington) c. LENGTH OF STAY (in this place) life
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)
a. STATE Missouri b. COUNTY St. Francois
c. CITY (If outside corporate limits, write RURAL and give township) Farmington, 0941
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED
a. (First) Josephine b. (Middle) Elser c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)
April 28, 1951

5. SEX female 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2

8. DATE OF BIRTH April 10/1857

9. AGE (In years last birthday) 94 IF UNDER 1 YEAR Months 0 Days 18 IF UNDER 12 Hrs. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY housewife

11. BIRTHPLACE (State or foreign country) St. Francois County, Mo.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Francois Antoine

13b. MOTHER'S MAIDEN NAME Mary Chrochett

14. NAME OF HUSBAND OR WIFE Frederick Elser

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. None

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Elizabeth Van Stillwell, Farmington, Mo.

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, athenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Congestive Heart Failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) General Cerebral Arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

334X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19, 1949, to April 28, 1951, that I last saw the deceased alive on April 23, 1951, and that death occurred at 5:47 p.m., from the causes and on the date stated above.

23a. SIGNATURE F. Richard Crouch, M.D. (Degree or title)

23b. ADDRESS Farmington Mo.

23c. DATE SIGNED 4-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial U

24b. DATE May 1, 1951

24c. NAME OF CEMETERY OR CREMATORY Masonic

24d. LOCATION (City, town, or county) (State) Farmington, Mo.

DATE REC'D BY LOCAL REG. May 1, 1951

REGISTRAR'S SIGNATURE Esther Rudloff 289

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. H. Cozean Farmington Mo.

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

0941

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 7 1951

RECEIVED

AUG 29 1951

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 _____

Ch Cozear
Licensed Embalmer No. 4084

Signed.....
Student Embalmer

P. O. Address Farmington, 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.