

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16139

State File No.

BIRTH NO. REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5443 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Gasconade.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Montgomery.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hermann, Mo. Rural</u> OR TOWN <u>Roark T.P.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rhineland, Mo.</u> OR TOWN <u>0370</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED a. (First) <u>Carolina</u> (Type or Print)		b. (Middle) <u>Merie</u>		c. (Last) <u>Elflin.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 14th 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Aug 15th 1866</u>		9. AGE (In years last birthday) <u>84</u>	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>German, 4</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Henry Becker.</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>George Elflin.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Elflin</u>	
				ADDRESS <u>Hermann, Mo</u>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arthritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>Years</u> <u>Years</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592X</u>		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 Oct 12, 1949, to May 14th, 1951, that I last saw the deceased alive on May 12th, 1951, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. G. Rhodius M.D.</u>		(Degree or title)		23b. ADDRESS <u>Hermann, Mo</u>		23c. DATE SIGNED <u>May 15/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 16th 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. James Evangelic Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Big Spring, Mo.</u>	
DATE REC'D BY LOCAL REG <u>5/15/51</u>		REGISTRAR'S SIGNATURE <u>D. M. Mendenhall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. C. Anderson</u>		ADDRESS <u>Americus, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0370
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File No. _____
DISTRICT HEALTH OFFICE NO. 1

JUN 8 1951

RECEIVED

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

H. B. Barker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.