

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 19 1951

State File No. 20486

Registrar's No. 218

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5368

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Rural, Blue	
c. LENGTH OF STAY (in this place) 25 yrs		d. STREET ADDRESS (If rural, give location) 1709 Vincil St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 1709 Vincil St.			
3. NAME OF DECEASED a. (First) Sarah		b. (Middle) M.	
c. (Last) McElroy		4. DATE OF DEATH (Month) (Day) (Year) June 6, 1951	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 11, 1862
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife.		10b. KIND OF BUSINESS OR INDUSTRY self employed	11. BIRTHPLACE (State or foreign country) Cherokee County, Ga.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Elie Puritt		13b. MOTHER'S MAIDEN NAME Ebbie Nicks	
14. NAME OF HUSBAND OR WIFE Willie McElroy (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Roberta Long		ADDRESS Kansas City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		<p>19. MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis.</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 10, 1951 to June 6, 1951 that I last saw the deceased alive on June 5, 1951 , and that death occurred at 8:15 p.m. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John J. Sulekowsky, D.O.		23b. ADDRESS 1601 Belmont	
23c. DATE SIGNED 6/6/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE June 7, 1951	
24c. NAME OF CEMETERY OR CREMATORY St. Perin Cemetery		24d. LOCATION (City, town, or county) (State) Cleburne, Ala.	
DATE REC'D BY LOCAL REG. 6-6-51		REGISTRAR'S SIGNATURE [Signature] ADDRESS 354 Independence, Mo.	
FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Independence, Mo.	

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

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JUN 18 REC'D

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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 *John M. Hissman*

Licensed Embalmer No. *4704*

P. O. Address *Independence*

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.