

## STANDARD CERTIFICATE OF DEATH

21759

State File No. ....

FILED JUN 19 1951

BIRTH NO. _____		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>6889</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY OR TOWN <u>Rural, Elmwood</u>		c. LENGTH OF STAY (in this place) <u>70 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Elmwood township</u> <u>0970</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 miles S.W. Marshall</u>				d. STREET ADDRESS (If rural, give location) <u>12 miles S.W. Marshall</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Sarah Frances</u>		b. (Middle) <u>Elsea</u>		c. (Last) <u>Colvert</u>	
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>12th</u>		(Year) <u>1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Jan. 7, 1859</u>	
9. AGE (In years last birthday) <u>92</u>		10. MONTHS <u>5</u>		11. HOURS <u>5</u>		12. MIN. <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Saline County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Isaac Newton Elsea</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Fulkerson</u>		14. NAME OF HUSBAND OR WIFE <u>Carroll L. Colvert</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Leola Colvert, Shackelford, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Debility</u> Route # I. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bed Fast Arthritis</u> DUE TO (c) _____ 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>18 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		720X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>June</u> , 19 <u>50</u> , to <u>June</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 3</u> , 19 <u>51</u> , and that death occurred at <u>7:25 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Richard T. Wickles</u> (Degree or title) _____				23b. ADDRESS <u>1202 Marshall Mo</u>		23c. DATE SIGNED <u>6-14-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 14, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park cemetery, Marshall, Mo.</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>6/16/51</u>		REGISTRAR'S SIGNATURE <u>Dolly Andrew</u> <u>293</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CAMPBELL-LEWIS, MARSHALL-MO.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-18-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 6-18-51

JUL 14 1951

NOV 19 1950

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 H. Lewis Jr.*  
Licensed Embalmer No. 4709  
P. O. Address Marshall, W.

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.