

FILED AUG 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23680

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 72

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

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon	c. LENGTH OF STAY (in this place) 4 mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Cambria	0616
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1012 N. Rutherford		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) Ella Priscilla McElhanev			4. DATE OF DEATH July 8, 1951		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH July 3, 1860	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR 5 Months	IF UNDER 1 HR. 5 Hours	IF UNDER 1 MIN. 5 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME William Flowers	13b. MOTHER'S MAIDEN NAME Elizabeth Ames	14. NAME OF HUSBAND OR WIFE Alexander T. McElhanev
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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. XX X	17. INFORMANT'S SIGNATURE OR NAME Lewis McElhanev, Macon, Mo.	ADDRESS
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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.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Cardio-vascular-Renal disease secondary to ANTECEDENT CAUSES Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia		INTERVAL BETWEEN ONSET AND DEATH " " " " " "
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1/27/41**, 1850, to **July 4, 1951**, that I last saw the deceased alive on **July 7, 1951**, and that death occurred at **5:45A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. L. Durdent, D.O.	23b. ADDRESS Macon	23c. DATE SIGNED 7/14/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 10, 1951	24c. NAME OF CEMETERY OR CREMATORY New Cambria Cemetery	24d. LOCATION (City, town, or county) (State) New Cambria, Mo.
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DATE REC'D BY LOCAL REG. 7/23/51	REGISTRAR'S SIGNATURE Ruth McNeely	FUNDRAISER'S SIGNATURE H. G. Hillman	ADDRESS New Cambria, Mo.
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RECEIVED
MASON COUNTY HEALTH DEPARTMENT
County File No. 8.51.131
Date Recd. 8.6.51

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.....
H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address. New Cambria 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.