S. No. 300
v. 10.48

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

JUL 9 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

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State File No. .....

BIRTH NO. ..... REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 488

1581
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**1. PLACE OF DEATH**
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline
c. LENGTH OF STAY (In this place): 15 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Marceline Twp 0581
d. STREET ADDRESS (If rural, give location): Northwest of Marceline

**3. NAME OF DECEASED** (Type or Print)
a. (First): C arrie
b. (Middle): Agusta
c. (Last): Eligman

**4. DATE OF DEATH** (Month) (Day) (Year): June 16, 1952

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Single
**8. DATE OF BIRTH**: June 19, 1876
**9. AGE** (In years last birthday): 75 — If under 1 year: Months 11, Days 27 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Millimer
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): Illinois
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A

**13a. FATHER'S NAME**: Anthony Eligman
**13b. MOTHER'S MAIDEN NAME**: Caroline Melta
**14. NAME OF HUSBAND OR WIFE**: None Single

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): N o
(If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Vincent Kelley
**ADDRESS**: Marceline, 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, asthenia, 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 — INTERVAL BETWEEN ONSET AND DEATH: 6 wks.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — 10+ yrs.
DUE TO (c) Arterio sclerosis — 10+ yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bronchopneumonia — 2 da.

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 443X
**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) m.:
**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* June 3, 1952, *to* June 16, 1952, *that I last saw the deceased alive on* June 15, 1952, *and that death occurred at* 8 40 Am., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Philip A. Ottman, M.D.
**23b. ADDRESS**: Marceline, Mo.
**23c. DATE SIGNED**: 6/16/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 6/18/52
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Killard
**24d. LOCATION** (City, town, or county) (State): Marceline, Mo.

**DATE REC'D BY LOCAL REG.**: 6-16-52
**REGISTRAR'S SIGNATURE**: Mary Jane Owens 401
**25. FUNERAL DIRECTOR'S SIGNATURE**: James McLaughlin
**ADDRESS**: Marceline Mo

(Licensed Embalmer's Statement on Reverse Side)

## 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 X

X Student Embalmer No. X

working under my personal supervision.

Student X
Student Embalmer

Signed George W. Davalt

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.