

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42780**

BIRTH DATE **JAN 5 1953** REG. DIST. NO. **167** PRIMARY REG. DIST. NO. **5704** Registrar's No. **174**

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

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wheeling	c. LENGTH OF STAY (in this place) 3 months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dawn	0590
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Maud b. (Middle) E. c. (Last) Elsas			4. DATE OF DEATH (Month) (Day) (Year) December 26, 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED; DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 26, 1880	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Blue Mound, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME John Samuel Burner	13b. MOTHER'S MAIDEN NAME Laura Isabella Haynes	14. NAME OF HUSBAND OR WIFE Herbert K. Elsas
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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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Velma Johnson; Wheeling, Missouri	
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 4222
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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 **April 1952** to **Death, 1952**, that I last saw the deceased alive on **26 Dec. 1952**, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) V. D. Vandine M.D.	23b. ADDRESS Chillicothe Mo	23c. DATE SIGNED 27 Dec 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-28-52	24c. NAME OF CEMETERY OR CREMATORY Blue Mound	24d. LOCATION (City, town, or county) (State) Blue Mound, Missouri
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DATE REC'D BY LOCAL REG. Dec 27 1952	REGISTRAR'S SIGNATURE Frances B Neill 1711-0	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman Funeral Home, Chillicothe, Missouri
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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 Elton F. Arman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.