

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42940**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **248** PRIMARY REG. DIST. NO. **4369** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Seneca</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Seneca 0730</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) _____ c. (Last) <b>Elbert</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 3 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>mar. 1</b>	
8. DATE OF BIRTH <b>Oct. 4, 1873</b>		9. AGE (In years last birthday) <b>79</b>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>carner</b>	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13. FATHER'S NAME <b>John Elbert</b>	
13b. MOTHER'S MAIDEN NAME <b>Marie Bloomer</b>		14. NAME OF HUSBAND OR WIFE <b>Catherine Elbert</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Catherine Elbert, Seneca, Mo.</b>		ADDRESS _____	

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) <b>Coronary Occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension - years which affected heart</b> DUE TO (c) <b>Infarctus - General</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				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) (Min.)		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 **Oct. 10, 1952** to **Dec 3, 1952**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **3:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. B. Biddlecome, M.D., Seneca Mo.</b>		23b. ADDRESS _____		23c. DATE SIGNED <b>12-6-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-9-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Seneca Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. B. Biddlecome</b>		ADDRESS <b>Seneca Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-6-52</b>		REGISTRAR'S SIGNATURE <b>Phyllis Brita by W. B. Biddlecome</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. B. Biddlecome</b>	

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

730  
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FILED DEC 17 1952

**RECEIVED**

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 1252-286

Date Filed DEC 16 1952

NEOSHO, 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 W E Dillamore

Licensed Embalmer No. 2174

P. O. Address Seneca 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.