

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **14156**
2031

FILED MAY 8 1953
 BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY JACKSON		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) KANSAS CITY		c. LENGTH OF STAY (In this place) 6 MONTHS	
c. CITY (If outside corporate limits, write RURAL and give township) ATLANTA		d. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.C. GENERAL HOSPITAL No. 1			

3. NAME OF DECEASED (Type or Print) FLA	a. (First) FLA	b. (Middle) CORINNE	c. (Last) ELSEA	4. DATE OF DEATH (Month) (Day) (Year) APRIL 16 1953
---	-----------------------	----------------------------	------------------------	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MARCH 30 1900	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ATLANTA, MISSOURI		12. COUNTRY OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN M. ELSEA	13b. MOTHER'S MAIDEN NAME MARGARET L. MILES	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

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 MRS. MARGARET STEELE ADDRESS WEST 31ST ST KANSAS CITY 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Secund + 7 bul degre Burns		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Pne, Septum + Batt legs, DUE TO Secondary shock + general anasarca		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 123	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-1-53	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? apartment house fire
---	---	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer (Degree or title) Deputy Coroner 3	23b. ADDRESS 4050 Woodway St	23c. DATE SIGNED 4-16-53
---	-------------------------------------	---------------------------------

24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL	24b. DATE APR 16 1953	24c. NAME OF CEMETERY OR CREMATORY MOUNT TABOR CEMETERY	24d. LOCATION (City, town, or county) (State) EAST OF ATLANTA MISSOURI
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. 4-16-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE DR. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
---	--	--

13 filed at 504 W 18th

NOV 23 1959

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 Charles W. Johnson

Licensed Embalmer No. 7560

P. O. Address: R. C. M.

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.