No. 300
10-48

GILLESPIE FUNERAL HOME

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15189

FILED APR 21 1953

BIRTH NO. — REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 124

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 0804
d. STREET ADDRESS (If rural, give location): Milner Hotel 0

3. NAME OF DECEASED (Type or Print)
a. (First): ELSIE
b. (Middle): M.
c. (Last): CASDORPH

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: July 18, 1906
9. AGE (In years last birthday): 46 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

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 (City and State or Foreign Country): Florence, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: August Bremer
13b. MOTHER'S MAIDEN NAME: Lena Kurtz
14. NAME OF HUSBAND OR WIFE: NK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Cleo Casdorph, Sedalia, Mo. — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing injury to chest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Automobile accident
DUE TO (c)

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 071 E8234 22
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Morgan Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 11 53 6:00 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile accident

22. *I hereby certify that I attended the deceased from* 4-11, 1953, *to* 4-11, 1953, *that I last saw the deceased alive on* 4-11, 1953 *and that death occurred at* 8:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas Gordon Campbell MD
23b. ADDRESS: Sedalia Mo
23c. DATE SIGNED: 4-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/13/1953
24c. NAME OF CEMETERY OR CREMATORY: Florence Cemetery
24d. LOCATION (City, town, or county) (State): Florence, Mo.

DATE REC'D BY LOCAL REG.: 4-13-1953
REGISTRAR'S SIGNATURE: C G Campbell MD
25. FUNERAL DIRECTOR'S SIGNATURE: A W Eckert — ADDRESS: Sedalia Mo

2/51-0 (Licensed Embalmer's Statement on Reverse Side)

APR 24 1953

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 Russell C. Maag

Licensed Embalmer No. 4809

P. O. Address Sedalia, 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.