

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15314**
Registrar's No. **117**

FILED APR 28 1953
BIRTH NO.

REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056**

883
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe		
b. CITY OR TOWN Moberly		c. LENGTH OF STAY (in this place) 24 hrs	c. CITY OR TOWN Madison		d. STREET ADDRESS 1690
d. FULL NAME OF HOSPITAL OR INSTITUTION M^c Cermick Hospital			d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type or Print) a. (First) Victor b. (Middle) Noble c. (Last) ELSEA			4. DATE OF DEATH (Month) (Day) (Year) 4-23-1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 3/1880	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clark Store	10b. KIND OF BUSINESS OR INDUSTRY Hardware	11. BIRTHPLACE (State or foreign country) Jacksonville, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Felix Grundy Elsen		13b. MOTHER'S MAIDEN NAME Ruey Jane Noble		14. NAME OF HUSBAND OR WIFE Rennie Elmer Mark	
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. 492-28-2508	17. INFORMANT'S SIGNATURE OR NAME Victor Elsen		ADDRESS Madison, 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.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cornary Embolism		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
			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 4/201			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 April 22, 1953 , to April 23, 1953 , that I last saw the deceased alive on April 23, 1953 , and that death occurred at 1:55 P. M. , from the causes and on the date stated above.					
23a. SIGNATURE A. K. Turner (Degree or title) D.O.			23b. ADDRESS Madison, Mo		23c. DATE SIGNED April 24-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/26/53	24c. NAME OF CEMETERY OR CREMATORY Oakland		24d. LOCATION (City, town, or county) (State) Moberly, Mo	
DATE REC'D BY LOCAL REG. 4-26-53	REGISTRAR'S SIGNATURE Carroll Bell		25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Thompson		ADDRESS Madison, Mo

APR 29 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 Walter A. Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, Ind

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.