

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17017

State File No. \_\_\_\_\_

FILED MAY 25 1953

BIRTH NO. _____		REG. DIST. NO. <u>30</u>		PRIMARY REG. DIST. NO. <u>4038</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Benton</u> <u>0080</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warsaw</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warsaw</u> <u>0080</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>SFE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 13, 1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 8, 1889</u>	
9. AGE (In years last birthday) <u>64</u>		10. MONTHS <u>3</u>		11. YEAR <u>5-</u>		12. IF UNDER 18, SEX. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ret Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Benton Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Albert F See</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Hooper</u>		14. NAME OF HUSBAND OR WIFE <u>Blanch See</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Blanch See</u> ADDRESS <u>Warsaw</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage - Gastric</u>		DUPLICATE OF (b) <u>UNKNOWN (Probably CARCINOMA.)</u>					<u>12 HOURS</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					<u>UNK</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Portal-obstruction-Chronic</u> <u>Liver Damage-Severe-Ascites</u>		DUPLICATE OF (c) <u>UNK</u>					<u>UNK</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>					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 <u>1 May, 1953</u> , to <u>13 May, 1953</u> , that I last saw the deceased alive on <u>13 May, 1953</u> , and that death occurred at <u>10:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>David A. Glenn M.D.</u>			23b. ADDRESS <u>Warsaw, Mo.</u>		23c. DATE SIGNED <u>16 May 53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 17, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Burial</u>		24d. LOCATION (City, town, or county) (State) <u>Warsaw Benton Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 17 1953</u>		REGISTRAR'S SIGNATURE <u>Jas A. Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Reser</u>		ADDRESS <u>Warsaw</u>	

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

**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 Jack Wilson

Licensed Embalmer No. 4643

P. O. Address Warsaw, 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.