

# STANDARD CERTIFICATE OF DEATH

State File No. ....

17835

FILED JUN 15 1953

BIRTH NO.

REG. DIST. NO.

137

PRIMARY REG. DIST. NO.

4218

Registrar's No. ....

142

|  |                               |  |                                     |
|--|-------------------------------|--|-------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u> <u>0420</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>  |                                     |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Windsor</u>  |                               | c. CITY (If outside corporate limits, write RURAL and give township) <u>0150</u><br>OR TOWN <u>Mocho Creek</u>   |                                     |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>  |                               | d. STREET ADDRESS (If rural, give location)  |                                     |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Lena</u> b. (Middle) <u>Eldred</u> c. (Last) <u>Eldred</u>  |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>June - 4 - 1953</u>   |                                     |
| 5. SEX <u>Female</u>   | 6. COLOR OF RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  | 8. DATE OF BIRTH <u>Feb-20-1874</u> |
| 9. AGE (In years last birthday) <u>78</u>  |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>  |                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>   |                                     |
| 11. BIRTHPLACE (State or foreign country) <u>Mocho Creek Mo</u>  |                               | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |                                     |
| 13a. FATHER'S NAME <u>Joe C. Bonner</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>Mollie Windsor</u>  |                                     |
| 14. NAME OF HUSBAND OR WIFE <u>Henry W. Eldred</u>   |                               | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |                                     |
| 16. SOCIAL SECURITY NO.  |                               | 17. INFORMANT'S SIGNATURE OR NAME <u>H. W. Eldred</u> ADDRESS  |                                     |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertensive Cardio-vascular disease</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                     |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION <u>443X</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) m.   |                               | 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>May 31</u> , 19 <u>53</u> , to <u>June 4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>June 4</u> , 19 <u>53</u> and that death occurred at <u>4:45 p.m.</u> , from the causes and on the date stated above. |                               |  |                                     |
| 23a. SIGNATURE (Degree or title) <u>Ray B. Jordan M.D.</u>   |                               | 23b. ADDRESS <u>Windsor Mo</u>   |                                     |
| 23c. DATE SIGNED <u>6-4-53</u>   |                               |  |                                     |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>6-4-53</u>  |                               | 24b. DATE  |                                     |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Mocho Creek Cemetery</u>   |                               | 24d. LOCATION (City, town, or county) (State) <u>Mocho Creek Mo</u>  |                                     |
| DATE REC'D BY LOCAL REG. <u>June 7-53</u>  |                               | REGISTRAR'S SIGNATURE <u>Florence Adair</u>  |                                     |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Joe Buffal</u>   |                               | ADDRESS  |                                     |

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed \_\_\_\_\_

*Lionard B. Miller*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *2508*

P. O. Address *Buffalo 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.