

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21540

State File No.

FILED JUL 9 - 1953 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2952

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 Kansas | | | b. COUNTY Coffey | | | | |
| b. CITY OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) 30 days | c. CITY OR TOWN Le Roy | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1819 East 73 St. | | | e. STREET ADDRESS (If rural, give location) Rural | | | 8159 | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Flora Elsie | | | b. (Middle) Eller | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) 6-11-53 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jul. 17 1894 | | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME Issac Moon | | | 13b. MOTHER'S MAIDEN NAME Fisher | | 14. NAME OF HUSBAND OR WIFE Jess Eller | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME David D. McGhee | | | | | | ADDRESS 1819 East 73 St K.C. 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. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary of Heart ANTECEDENT CAUSES with Generalized Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1948 | |
| 19a. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION | | | 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 May 15 1953 to June 11, 1953 , that I last saw the deceased alive on 6/7/53 , and that death occurred at 6:45 P. m. , from the causes and on the date stated above. | | | | | | | | | | |
| 23a. SIGNATURE J. W. Young | | | J. W. YOUNG (Degree or title) | | | 23b. ADDRESS 1401 S. W. Blocker | | 23c. DATE SIGNED 6/11/53 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE June 12 1953 | 24c. NAME OF CEMETERY OR CREMATORY | | | 24d. LOCATION (City, town, or county) (State) Le Roy Kansas | | | | |
| DATE REC'D BY LOCAL REG. 6-12-53 | | REGISTRAR'S SIGNATURE Sheraldine Smith | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster 918 Brooklyn K.C. Mo. | | | | | |

SEP 3 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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 359

P. O. Address J. C. C.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.