

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 29 1953 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 72

542

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

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Lexington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville 0541	
d. FULL NAME OF (If not a hospital or institution, give street address or location) Memorial Hospital		d. STREET ADDRESS (If rural, give location) 1701 Upper Ave.	

3. NAME OF DECEASED (Type or Print) Eludiz	a. (First) Eludiz	b. (Middle) Augusta	c. (Last) Ellmaker	4. DATE OF DEATH (Month) (Day) (Year) July 3 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 11-1874	9. AGE (In years last birthday) 79	10. IF UNDER 1 YEAR Months 4	11. IF UNDER 24 HRS. Days 22
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (State or foreign country) Alma, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Henry Uphaus	13b. MOTHER'S MAIDEN NAME Lena Koenig	14. NAME OF HUSBAND OR WIFE Frank Ellmaker
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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. none	17. INFORMANT'S SIGNATURE OR NAME Frank Ellmaker, Higginsville	ADDRESS Higginsville
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 min.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease ?		
		DUE TO (c) Arteriosclerosis, Generalized ?		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Cerebral Vascular Accident		9 mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 1952, to 7/3, 1953, that I last saw the deceased alive on 7/3, 1953, and that death occurred at 9:30 am., from the causes and on the date stated above.

23a. SIGNATURE Arthur B. Best	(Degree or title) M.D.	23b. ADDRESS Higginsville, Mo.	23c. DATE SIGNED 7/6/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-5-53	24c. NAME OF CEMETERY OR CREMATORY Higginsville	24d. LOCATION (City, town, or county) (State) Higginsville
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DATE REC'D BY LOCAL REG. 7-25-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS [Address]
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**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 Forest Rukhof

Licensed Embalmer No. 42814

P. O. Address Higgsville, 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.