

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28182**

No. 300
10.48
AUG 24 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>99</u>	PRIMARY REG. DIST. NO. <u>3376</u>	Registrar's No. <u>45</u>
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DeKalb</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL GRAND RIVER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL GRAND RIVER, Twp.</u>		
c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>6 MI. N. CAMERON, MO</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		0320		
3. NAME OF DECEASED (Type or Print) <u>OSCAR</u>		a. (First) _____	b. (Middle) _____	c. (Last) <u>ELSTON</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 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>Sept. 28-1893</u>		9. AGE (In years) (Months) (Days) (Hours) (Mins.) <u>59</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>LATHROP, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>W.M.T. ELSTON</u>		
13b. MOTHER'S MAIDEN NAME <u>MINERVA Moberley</u>		14. NAME OF HUSBAND OR WIFE <u>RUTH ELSTON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service) <u>Yes World War Not</u>		16. SOCIAL SECURITY NO. <u>497-306385</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth Elston</u> ADDRESS <u>CAMERON, MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>—</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>Coronary Thrombosis</u> <u>—</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.		DUE TO (c) <u>Arteriosclerosis</u> <u>5 yrs</u>		
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 _____		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) _____		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>3-28-1950</u> , to <u>8-13-1953</u> , that I last saw the deceased alive on <u>8-10-1953</u> , and that death occurred at <u>4:50p</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>O.S. Compton</u> (Degree or title) _____		23b. ADDRESS <u>DeKalb, Mo.</u>		23c. DATE SIGNED <u>8/15/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OSBORN CEMETERY OSBORN, MO</u>
24d. LOCATION (City, town, or county) _____ (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter W. Crunk</u> ADDRESS <u>DeKalb, Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-21-53</u>		REGISTRAR'S SIGNATURE _____		

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 *Lee Moss Lovinsky*

Licensed Embalmer No. *2533*

P. O. Address *Camden, 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.