

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30745

FILED AUG 17 1953

State File No. ....

BIRTH NO. .... REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 6104 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Miller Twp.</u>	c. LENGTH OF STAY (in this place) <u>7 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Miller Twp.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0990</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cordelia</u> b. (Middle) <u>Frances</u> c. (Last) <u>Elschlager</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 5, 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 19, 1863</u>	9. AGE (In years last birthday) <u>90</u>	10. UNDER 1 YEAR (Months) (Days) <u>6 16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Backwood, Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Aultman</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Welch</u>	
14. NAME OF HUSBAND OR WIFE		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>Lena Anderson</u>		ADDRESS <u>Downing</u>			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General debility</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>inattention</u> DUE TO (c) <u>Old Age</u> 794X  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Infected kidneys</u>				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>No. Operation</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No injury</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	

22. I hereby certify that I attended the deceased from Aug 4, 1953, to Aug 5, 1953, that I last saw the deceased alive on Aug 5, 1953, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. E. Grivwig M.D.</u> (Degree or title)		23b. ADDRESS <u>Downing Mo</u>		23c. DATE SIGNED <u>Aug 6-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 7, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Downing</u>	
24d. LOCATION (City, town, or county) (State) <u>Downing, Mo.</u>		DATE REC'D BY LOCAL REG. <u>8/11/53</u>		REGISTRAR'S SIGNATURE <u>Vera E. Turner</u>	
FUNDAL DIRECTOR'S SIGNATURE <u>47%</u>		ADDRESS <u>Moore Funeral Home Downing Mo.</u>			

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

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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.

Signed \_\_\_\_\_

*Neal Payne*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *2550*

P. O. Address *Memphis 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.