

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30997

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| FILED SEP 21 1953 | | REG. DIST. NO. 32 | | PRIMARY REG. DIST. NO. 4042 | | Registrar's No. 53 | |
| 1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>LUTESVILLE</u> | | c. LENGTH OF STAY (in this place) <u>LIFETIME</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>LUTESVILLE</u> | | d. STREET ADDRESS <u>0090</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO STREET ADDRESS</u> | | | | d. STREET ADDRESS (If rural, give location) <u>NO STREET ADDRESS</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> | | b. (Middle) <u>CAROLINE</u> | | c. (Last) <u>ELFRANK</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-3-53</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>11-11-1886</u> | | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u></u> | | 11. BIRTHPLACE (State or foreign country) <u>BOLLINGER Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u></u> | |
| 13a. FATHER'S NAME <u>P. D. ESTES</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY E. Limbaugh</u> | | 14. NAME OF HUSBAND OR WIFE <u>F. H. ELFRANK</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>F. H. ELFRANK</u> ADDRESS <u>LUTESVILLE, Mo.</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>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>2/4</u> , 18 <u>83</u> , to <u>9/3</u> , 18 <u>53</u> that I last saw the deceased alive on <u>9/3/53</u> , 19 <u>53</u> , and that death occurred at <u>10:30</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>John J. Myers</u> | | | | 23b. ADDRESS <u>Bollinger Co. Mo.</u> | | 23c. DATE SIGNED <u>9/6/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>9-6-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>BAKER CEM.</u> | | 24d. LOCATION (City, town, or county) (State) <u>BOLLINGER Co. Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>Sept 6, 1953</u> | | REGISTRAR'S SIGNATURE <u>William J. Limbaugh</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u> | | ADDRESS <u>LUTESVILLE, Mo.</u> | |

(Licensed Embalmer) (Statement on Reverse Side)

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

0090

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.