

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39600**

LED NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. LENGTH OF STAY (in this place) <u>3 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marionville</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Tettenhorst Rest Home</u>			d. STREET ADDRESS (If rural, give location) <u>0550</u> <u>0</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Flora</u> b. (Middle) <u>Tildon</u> c. (Last) <u>Elsay</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 26, 1876</u>		9. AGE (In years last birthday) <u>76</u> OF UNDER 1 YEAR Months <u>10</u> Days <u>25</u> OF UNDER 1 WEEK Hours _____ Min. _____
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>Stone County Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Zack McDowell</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Boyd</u>		14. NAME OF HUSBAND OR WIFE <u>Edward S. Elsay</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Floyd Elsay, Springfield, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stroke of Neurology</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			<u>years</u> <u>years</u>	
	DUE TO (c) <u>Hypertension</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 <u>331X</u>				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) (m.)	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 Nov 20, 1953 to Nov 20, 1953, that I last saw the deceased alive on Nov 20, 1953, and that death occurred at 9:10 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. P. Coyne M.D.</u>		23b. ADDRESS <u>Marionville, Mo.</u>		23c. DATE SIGNED <u>11-21-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov. 22, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Marionville, Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>Nov. 21, 1953</u>	REGISTRAR'S SIGNATURE <u>Orla Mc. Nally</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. B. Curridge - Marionville, Mo.</u>		
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Herman Turridge*

Licensed Embalmer No. *3072*

P. O. Address *Marionville 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.