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

FILED NOV 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40020

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6006 Registrar's No. 276

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cairo
c. LENGTH OF STAY (in this place): 43 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD #1 Cairo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cairo
d. STREET ADDRESS (If rural, give location): RFD #1 Cairo 0880 0

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): EDGAR — ELSBURY

4. DATE OF DEATH (Month) (Day) (Year): Nov-13-1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Oct-10-1881
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Monroe County Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Eliza Elsbury
13b. MOTHER'S MAIDEN NAME: Lucy Enoch
14. NAME OF HUSBAND OR WIFE: Mattie Elsbury

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: Mrs. Mattie Elsbury Cairo Mo
ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Over.
DUE TO (c):

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: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 2 52 *, to* Nov 13 *, 19*53*, that I last saw the deceased alive on* May 23 *, 19*53*, and that death occurred at* 930P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thos. S. Fleming MP 0
23b. ADDRESS: Moberly, Mo
23c. DATE SIGNED: 11-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov-16-1953
24c. NAME OF CEMETERY OR CREMATORY: Oakland Cemetery
24d. LOCATION (City, town, or county) (State): Moberly Missouri

DATE REC'D BY LOCAL REG.: 11-16-53
REGISTRAR'S SIGNATURE: [signature] 269
25. FUNERAL DIRECTOR'S SIGNATURE: Snow Funeral Home
ADDRESS: Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

On the night of Nov. 13th 1953 Dr.Jack Gilmore called me to advis
that he had been called to Mr.Elsburys home and found him dead..
asked of I would sign the deathcertificate as he did not wish to
do so.I ashed how he had died and I was sure that he died from a
coronary thrombosis becasue he had had one previously..

TSF

DEC 9 19

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 Jerry R. Cater

Licensed Embalmer No. 4906

P. O. Address Moberly 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.