

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43355**

FILED DEC 23 1953
BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **562**

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

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 12 DAYS		e. STREET ADDRESS (If rural, give location) RURAL 0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) LAWRENCE b. (Middle) ERWIN c. (Last) ELSEY			4. DATE OF DEATH (Month) (Day) (Year) Dec 11 1953
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 8-1886
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	
11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, KANSAS		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME CURTIS ELSEY		13b. MOTHER'S MAIDEN NAME SERENA SHERRILL	
14. NAME OF HUSBAND OR WIFE DOLLIE ELSEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or date of service) No None		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME MRS DOLLIE ELSEY		ADDRESS JOPLIN, MO	
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) Uremia, result of acute renal suppression. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatic obstruction and chronic nephritis. DUE TO (c) Chronic arteriosclerotic heart disease and aortic aneurism. II. OTHER SIGNIFICANT CONDITIONS See below. Conditions contributing to the death but not related to the disease or condition causing death. 5615	
INTERVAL BETWEEN ONSET AND DEATH About 72 hrs.		Do not know.	
19a. DATE OF OPERATION 12-2-53		19b. MAJOR FINDINGS OF OPERATION Strangulated ventral hernia with intestinal obstruction.	
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) (m.) _____		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 11-30 , 19 53 , to 12-11 , 19 53 , that I last saw the deceased alive on 12-10 , 19 53 and that death occurred at 12:15 AM. , from the causes and on the date stated above.			
23a. SIGNATURE Charles J. ... (Degree of title) _____		23b. ADDRESS 410 Jackson, Joplin, Mo.	
23c. DATE SIGNED 12-14-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Dec 14-1953	
24c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
DATE REC'D BY LOCAL REG. 12-14-53		REGISTRAR'S SIGNATURE James 138	
FUNERAL DIRECTOR'S SIGNATURE Walter B. Glover		ADDRESS JOPLIN	

RECEIVED DEC 21 1953

Jasper County Health Office

County File Number 53-12-1019

Date Filed DEC 21 1953

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.....
Signature of Student Embalmer

Signed..... *Dale Glover*

Licensed Embalmer No. 4593

P. O. Address Joplin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.