

No. 300
10.48

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16614

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5756 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY MARIES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MARIES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (JEFFERSON TWN)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (JEFFERSON TOWNSHIP)	
c. LENGTH OF STAY (in this place) 12 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0630	

3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) KATHERINE c. (Last) ELROD			4. DATE OF DEATH (Month) (Day) (Year) MAY 9th 1954		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH AUG 15-1896		9. AGE (In years last birthday) 57		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	

13a. FATHER'S NAME ROBERT FRANKLIN		13b. MOTHER'S MAIDEN NAME MARTHA BRANSON		14. NAME OF HUSBAND OR WIFE WILLIAM ELROD (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Imogene Keeney - Summerfield	

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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac + Respiratory Arrest.			DUE TO (b) Coronary Occlusion			20 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) Chronic Hypertension			2 yrs
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 <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)		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 Dec 1952 to 5/9/54, that I last saw the deceased alive on 5/8/54, and that death occurred at 12:30 AM from the causes and on the date stated above.

23a. SIGNATURE R.H. Schenkels		23b. ADDRESS Belle, Mo		23c. DATE SIGNED 5/10/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 11-54		24c. NAME OF CEMETERY OR CREMATORY LIBERTY	
		24d. LOCATION (City, town, or county) (State) BELLE, MISSOURI			

DATE REC'D BY LOCAL REG. 5-12-54		REGISTRAR'S SIGNATURE Pauline Howard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Saasman Funeral Home	
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(Licensed Embalmer's Statement on Reverse Side)

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

EXUN 7 1954

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 Christie Sisson

Licensed Embalmer No. 4278

P. O. Address Blair - 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.