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FILED MAY 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10858

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>119</u>	
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ADAIR</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KIRKSVILLE</u>		c. LENGTH OF STAY (in this place) <u>ONE, MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KIRKSVILLE 0013</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Comm. Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>409 So WABASH</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SOLMAN</u> b. (Middle) <u>(NMN)</u> c. (Last) <u>ELSEA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 4 '55</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 29, 1878</u>		9. AGE (In years last birthday) <u>77</u>	# UNDER 1 YEAR Months <u>0</u>	# UNDER 6 Mths. Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>BarTender, Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>ADAIR Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>	
13a. FATHER'S NAME <u>SIMON D. ELSEA</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH E. HUGHES</u>		14. NAME OF HUSBAND OR WIFE <u>NELLIE ANDERSON ELSEA</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>488-18-5772</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Elsea Kirkville 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma</u> DUE TO (c) <u>Prostatic Adeno Carcinoma &amp; Prostate</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Syphilis - Treponema, Generalized Arterio Sclerosis 177X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 month</u> <u>6 months</u>	
19a. DATE OF OPERATION <u>3/12/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Urteral Stricture, Prostate Carcinoma</u>				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 <u>April 1, 1955</u> , to <u>May 4, 1955</u> , that I last saw the deceased alive on <u>May 4, 1955</u> , and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. M. Jarman Tiller &amp; Co.</u>				23b. ADDRESS <u>800 - W. Jefferson, Kirkville</u>		23c. DATE SIGNED <u>5/5/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 6 - 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shelley's Park</u>		24d. LOCATION (City, town, or county) (State) <u>Shelley's Park, Adair Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-5-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thor C. Foster</u> ADDRESS <u>4025 Elson, Kirkville, Mo.</u>			

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 \_\_\_\_\_

*Dora C. Foster*

Licensed Embalmer No. \_\_\_\_\_

*4742*

P. O. Address \_\_\_\_\_

*Kirksmill*

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.