

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29290

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

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>278</u>					
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		d. STREET ADDRESS (If rural, give location) <u>310 Pierce St.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>310 Pierce St.</u>				d. STREET ADDRESS (If rural, give location) <u>310 Pierce St.</u>							
3. NAME OF DECEASED (Type or Print) <u>Raymond Elder</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24, 1955</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>Jan. 12, 1898</u>		9. AGE (in years last birthday) <u>57</u>	10. MONTHS <u>8</u>	11. DAYS <u>12</u>	12. HOURS <u>0</u>	13. MINUTES <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman Mo. Prison</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. State Prison</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Lebanon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Lee Elder</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Bell Allison</u>			14. NAME OF HUSBAND OR WIFE <u>Minnie Elder</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) <u>Yes</u>			16. SOCIAL SECURITY NO. <u>493-16-3081</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Minnie Elder Jefferson City, 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, asthenia, 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) <u>Coronary Thrombosis</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>								
			DUE TO (c) <u>4-201</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						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>July 21, 1955</u> to <u>Sept 24, 1955</u> , that I last saw the deceased alive on <u>Sept 24, 1955</u> and that death occurred at <u>9:25 a.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Eugene E. Rebeck</u> (Degree or title)					23b. ADDRESS <u>616 E. High Jeff. City Mo</u>			23c. DATE SIGNED <u>Sept 24-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 27, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>24 Sept 1955</u>		REGISTRAR'S SIGNATURE <u>R.P. Harris MD-MR.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buesch</u>			ADDRESS <u>Jefferson City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

OCT 7 1951

OCT 8 1951

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.