No. 300
10.48

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12752

State File No.

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 130

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON CITY
c. LENGTH OF STAY (in this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARYS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: COLE
c. CITY OR TOWN: JEFFERSON CITY
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 613 MICHIGAN

0264

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): ELSNER
c. (Last): ZEILMAN

4. DATE OF DEATH (Month) (Day) (Year): APRIL 20, 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 13, 1866
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 9 Days 19 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): LINN, MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: RHINARD ELSNER
13b. MOTHER'S MAIDEN NAME: FLORA JOHNS
14. NAME OF HUSBAND OR WIFE: JOHN E JOHNS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S ~~SIGNATURE OR~~ NAME: ELIL ZEILMAN
ADDRESS: J. C. MO.

MEDICAL CERTIFICATION

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.

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

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — indef.
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: 332X
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* 3-28, 1956, *to* 4-20, 1956 *that I last saw the deceased alive on* 4-20, 1956 *and that death occurred at* 10:20 m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Inouye, M.D.
23b. ADDRESS: 515 E. High St.
23c. DATE SIGNED: 4-23-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4/23/56
24c. NAME OF CEMETERY OR CREMATORY: ST PETERS
24d. LOCATION (City, town, or county) (State): JEFFERSON CITY, MO.

DATE REC'D BY LOCAL REG.: 23 April 1956
REGISTRAR'S SIGNATURE: R. O. Dorris MD MR.
25. FUNERAL DIRECTOR'S SIGNATURE: Sylvester Quille
ADDRESS: J. C. MO.

(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Sylvester Dulle.....

Licensed Embalmer No.....432

P. O. Address.....Jefferson Ci

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.