

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17380

State File No. ....

FILED JUN 11 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Moberly</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>Since 1/31/56</u>		e. STREET ADDRESS (If rural, give location) <u>904 Bond Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Employes' Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>GEORGE</u>	b. (Middle) <u>ELDEN</u>	c. (Last) <u>ELSEA</u>	<u>May 30, 1956</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>August 9, 1880</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engine Hostler, retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash RR Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>George Elsea</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Marie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-05-9220</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. George E. Elsea, Moberly,</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>Uremia, acute - acute Uremic Colitis.</u>			<u>4 days</u>
	ANTECEDENT CAUSES Renal failure; ..... DUE TO (b) <u>Chronic Uremia and Renal Insufficieny</u>			<u>.2 days</u>
	DUE TO (c) <u>Generalized (advanced) Arteriosclerosis</u>			<u>Months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sis. Senile Psychosis</u>			<u>Years (?)</u>	
			<u>6 months</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</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) (Min.)		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 1/31/56, 1956, to 5/30/56, 1956, that I last saw the deceased alive on 5/30/56, 1956, and that death occurred at 7:25 P.m., from the causes and on the date stated above.

23. SIGNATURE <u>Andrew M. Anderson</u> (Degree or title) <u>M.D., Physician in Charge</u>		23b. ADDRESS <u>Wabash Employes' Hospital</u>		23c. DATE SIGNED <u>5/31/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6--1- 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	
				24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>6-1-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mahan and Son, Moberly, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUN 12 1956

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 *Frank D. G. With* \_\_\_\_\_

Licensed Embalmer No. *302*

P. O. Address *Moberly*

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