

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33601

STATE FILE NUMBER

FILED NOV 7 - 1956

Registration District No. 119 Primary Registration District No. 5443 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY GASCONADE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY GASCONADE			
b. CITY (If outside corporate limits, give TOWNSHIP only) ROARK TWP				Inside Limits Yes ☐ No ☒		c. CITY OR TOWN HERMANN R#1	
c. FULL NAME OF (If NOT in hospital, give location) 3mi. S. of HERMANN				Length of stay in lb 6 yrs		d. STREET ADDRESS 3mi. S. of HERMANN	
3. NAME OF DECEASED (Type or print) GEORGE HENRY ELFLEIN				4. DATE OF DEATH Month OCT - Day 2 - Year 1956			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH APR. 1 - 1879	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) BIG SPRINGS MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME GEORGE ELFLEIN				14. MOTHER'S MAIDEN NAME CAROLINE LUDWIG			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT LAWRENCE ELFLEIN HERMANN MO			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) M. YOCARDIAL INFARCTION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201						INTERVAL BETWEEN ONSET AND DEATH 5 MIN	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	
21. I attended the deceased from NONE and last saw her alive on _____ Death occurred at 4:15 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE George M. Workman M.D.				22b. ADDRESS HERMANN, MO		22c. DATE SIGNED 10-2-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10/4/56		23c. NAME OF CEMETERY OR CREMATORY LOOTER ISLAND CEM.		23d. LOCATION (City, town, or county) (State) Mc KITTERICK MO	
24. FUNERAL DIRECTOR HUGO H. BLUMER		ADDRESS HERMANN MO		25. DATE RECD. BY LOCAL REG. 10/3/56		26. REGISTRAR'S SIGNATURE Delma Gecken	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Licensed Embalmer No. 31

P. O. Address.....
Heronau

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