

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1974

STATE FILE NUMBER

FILED FEB 13 1957

Registration District No. 200 Primary Registration District No. 4215 Registrar's No. 9

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>MACON</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LAPLATA</u>		c. CITY OR TOWN <u>LAPLATA</u>		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>ORVILLE</u>		Middle <u>FRANKLIN</u>		Last <u>ELSEA</u>		Month <u>JAN.</u> Day <u>15</u> Year <u>1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 18 1899</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		11. BIRTHPLACE (City and state or country) <u>KIRKSVILLE RFD MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>JOHN W. ELSEA</u>				14. MOTHER'S MAIDEN NAME <u>MARY ELSEA</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>JOHN ELSEA LAPLATA MO</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Occlusion</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u>
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)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Jan 15, 1957</u> to <u>Jan 15, 1957</u> and last saw him alive on <u>1-15-57</u> . Death occurred at <u>9 a.m.</u> on the day of death above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Harold D. Phelps</u> (Degree or title)				22b. ADDRESS <u>La Plata Mo</u>		22c. DATE SIGNED <u>1-15-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>1-19-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>LAPLATA</u>		23d. LOCATION (City, town, or county) (State) <u>LAPLATA MO</u>	
24. FUNERAL DIRECTOR <u>West Endrup, Hurdland Mo</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>1-21-57</u>		26. REGISTRAR'S SIGNATURE <u>Ruth M. Neely</u>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
000-56  
No symptoms with death  
Coroner cannot certify to a death due to natural causes.  
Diseases in Part I must be causally related.  
Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
5  
D

Date Filed ..... 2-7-57 .....

MAR 5 1957  
SEP 27 1957

**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 *Geo B Easley Jr* .....

Licensed Embalmer No. *372*

P. O. Address *Hirsdland* .....

**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.**