

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13105**

FILED MAY 7 - 1957

Registrar's No. **1918**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1918	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 25 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 1705 East 50th Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hosp.				d. STREET ADDRESS (If rural, give location) 1705 East 50th Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) JACK		b. (Middle) C.		c. (Last) ELSON		4. DATE OF DEATH (Month) (Day) (Year) April 20 1957	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH JAN. 28 - 1918	
9. AGE (in years last birthday) 39		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Personnel & Labor Relations		10b. KIND OF BUSINESS OR INDUSTRY Armour Co.		11. BIRTHPLACE (City and State or Foreign Country) CHICAGO ILLINOIS	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME R. E. ELSON		13b. MOTHER'S MAIDEN NAME ALMA C. LICHTENAUER		14. NAME OF Husband or WIFE Mrs. MARGARIE ANN ELSON	
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. 510-03-7113		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. MARGARIE ANN ELSON 1705 E. 50th Ave. Kansas City, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200					
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.				20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> 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)		21f. HOW DID INJURY OCCUR?	
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 Apr. 20, 1957 , to Apr. 20, 1957 , that I last saw the deceased alive on Apr. 20, 1957 , and that death occurred at 10:55 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John B. Justus M.D.				23b. ADDRESS 4620 Nichols Pl. E.C. 7th Mo.		23c. DATE SIGNED Apr. 29, 57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Apr. 23, 1957		24c. NAME OF CEMETERY OR CREMATORY Mt. MORIAN CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 4-23-57		REGISTRAR'S SIGNATURE new merrill		25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newman's Sons		1331 Brush Creek Kansas City, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John B. Justus



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

Chester K. Brown

Licensed Embalmer No. *4931*

P. O. Address *KE MO*

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.