

FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-005036
STATE FILE NUMBERRegistration District No. 115-116 Primary Registration District No. 5434 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. John's</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Washington</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Washington R2.</u>		Length of stay in lb. <u>78 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>RFD # 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Catherine</u> Middle <u>ELBERT</u> Last <u>ELBERT</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>25</u> Year <u>1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 29, 1879</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Month <u>5</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTH PLACE (City and state or country) <u>Trakow Missouri U. S. A.</u>
12a. FATHER'S NAME <u>Joseph C. Holtmeier</u>		12b. MOTHER'S M maiden name <u>Elizabeth Riegel</u>	12c. NAME OF HUSBAND OR WIFE <u>George Henry Elbert</u>
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		14. SOCIAL SECURITY NO. <u>None</u>	15. INFORMANT <u>Frank J. Elbert, Washington, Mo R2</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>Arterio-sclerotic heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension, Cardio-vascular disease - 11 yrs</u>			
DUE TO (c) <u></u>			
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.) <u></u>	
20c. TIME OF INJURY Hour <u></u> (Month, Day, Year) a.m. <u></u> p.m. <u></u>			
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.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u>
21. I attended the deceased from <u>1/17/47</u> to <u>2/25/56</u> and last saw her alive on <u>12/24/57</u> Death occurred at <u>5:00 A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Michael A. Heflich, M.D.</u>		22b. ADDRESS <u>Hookington, Mo</u>	22c. DATE SIGNED <u>2/25/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Feb 28, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Gertrude's Cemetery</u>	23d. LOCATION (City, town, or country) (State) <u>Trakow, Missouri</u>
24. FUNERAL DIRECTOR <u>Nielburg & Witt, Inc. Washington, Mo</u> <u>L. N. Witt.</u>		25. DATE RECD. BY LOCAL REG. <u>2/27/58</u>	26. REGISTRAR'S SIGNATURE <u>R. J. Sidman</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Lester H. Pitt*

Licensed Embalmer No. *3254*

P. O. Address *Washington*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.