

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006827
STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 295 Primary Registration District No. 6015 Registrar's No. 911

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, give TOWNSHIP only) OR TOWN <u>BALTIMORE TWP</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>MOBERLY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>PLEASANT VIEW HOSPITAL</u> Length of stay in lb <u>21</u> <u>1958</u>		d. STREET ADDRESS <u>209 WISDOM</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>OLEVIA</u> Last <u>ELSBERRY</u>		4. DATE OF DEATH <u>FEB 17 1958</u> Month Day Year	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG-31-1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		100. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR: Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>HOWARD COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>RICHARD SUNDERLAND</u>		14. MOTHER'S MAIDEN NAME <u>ELIZABETH POOR</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>JOSEPH ELSBERRY</u>		Address <u>MOBERLY</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>Chronic Myocarditis</u> DUE TO (b) <u>Arteria Sclerosis</u> DUE TO (c) <u>—</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Senile Psychoses</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 Month</u> <u>D.K.</u>
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>4221</u>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Jan 15, 1958</u> to <u>Feb 17, 1958</u> and last saw her alive on <u>2/17/58</u> Death occurred at <u>9:00 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>M. Dreyer M.D.</u>		22b. ADDRESS <u>Huntsville, Mo.</u>	
22c. DATE SIGNED <u>2/19/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-19-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ROANOKE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>ROANOKE MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>MAHAN-FUNERAL-SERVICE MOBERLY</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 19, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mary H. Bentley</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs of natural causes. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

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Health, Welfare, Public Service

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 *John A. Green*.....

Licensed Embalmer No. *381*

P. O. Address *M. of Ind. G.*

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.