

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013057

STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <i>Adair</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Mercer</i>									
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN <i>Kirksville, Mo.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Mercer</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>K. O. Hosp.</i>			Length of stay in lb <i>3 Days</i>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <i>Anna</i> Middle <i>Pearl</i> Last <i>McElfish</i>				4. DATE OF DEATH Month <i>4</i> Day <i>20</i> Year <i>1958</i>									
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>10-4-1902</i>		9. AGE (In years last birthday) <i>55</i>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>own home</i>		11. BIRTHPLACE (City and state or country) <i>Mercer Co. Mo.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>					
13. FATHER'S NAME <i>Frank Foster</i>					14. MOTHER'S MAIDEN NAME <i>Nora Stacey</i>								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>Yes?</i>		17. INFORMANT Address <i>Monzey McElfish Mercer Mo.</i>								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Exsanguination</i>											INTERVAL BETWEEN ONSET AND DEATH <i>17 hrs</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											DUE TO (b) <i>Jaundice</i> <i>5 weeks</i>		
DUE TO (c) <i>Cholelithiasis</i> <i>unknown</i>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Relapsing Fever</i>											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 <i>April 18</i> to <i>April 20 1958</i> and last saw her alive on <i>April 10</i> Death occurred at <i>6</i> <i>A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>W. M. Lutenaker D.O.</i>					22b. ADDRESS <i>2 Hillsville Mo</i>				22c. DATE SIGNED <i>4-20-58</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Apr. 22-1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>FARLEY</i>			23d. LOCATION (City, town, or county) (State) <i>Mercer, Co, Mo</i>						
24. FUNERAL DIRECTOR <i>Don E. Fackel</i>				ADDRESS <i>KIRKSVILLE, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>4-21-58</i>		26. REGISTRAR'S SIGNATURE <i>Doris W. Rathoff</i>					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Death, Cause, etc. must be causally related. 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.

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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 *Anna E Foster*

Licensed Embalmer No. *474*

P. O. Address *Kingswell*

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.