

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027917

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 227 Primary Registration District No. 5-807 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union (TWP)		Length of stay in lb 2 yrs	c. CITY OR TOWN Madison Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wildwood Rest Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R#2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EDWARD NONE ELSBURY			4. DATE OF DEATH Month Day Year July 22, 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-21-1869
9. AGE (last birthday) 93		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Grain & Livestock	11. BIRTHPLACE (City and state or country) Monroe
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Joseph Elsbury	
13b. MOTHER'S MAIDEN NAME Jennie Garnett		14. NAME OF HUSBAND OR WIFE -----	
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. None	17. INFORMANT Ray Elsbury Address Clayton, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 36 hours
DUE TO (b) Cardio-Vascular Heart Disease			years
DUE TO (c) Arteriosclerosis			years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture left Femur 7-8-62, surgical repair 7-9-62			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. Month, Day, Year			
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 9-28-60 to 7-22-62 and last saw him alive on 7-21-62 Death occurred at 1:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C.F. Stauffer</i> (Degree or title) D.O.		22b. ADDRESS Madison, Mo.	22c. DATE SIGNED 7-23-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-24-1962	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cem.	23d. LOCATION (City, town, or county) (State) Madison, Mo.
24. FUNERAL DIRECTOR Thompson-Mackler ADDRESS Madison, Mo.		25. DATE RECD. BY LOCAL REG. 7-23-62	26. REGISTRAR'S SIGNATURE <i>F. O. Barnette, D.</i>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1	0690
2	0690
3	
4	0
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7	0
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9	94221F
10	
11	
12	86-2
13	2-0

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Permit received July 23, 1962

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 Joseph P. Mackler

Licensed Embalmer No. 4571

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