

No. 300
10.48

FILED DEC 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37072**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4214** Registrar's No. **563**

1. PLACE OF DEATH a. COUNTY Henry 0420		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater, 0420	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) George Washington Elston a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Dec 5 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 29. 1864		9. AGE (In years last birthday) 87 IF UNDER 1 YEAR 9 Days 6 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Tile Factory		11. BIRTHPLACE (State or foreign country) Burlington Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Abe Elston		13b. MOTHER'S MAIDEN NAME Sarah Mound		14. NAME OF HUSBAND OR WIFE Alice K. Elston	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Alice K. Elston	
ADDRESS Deepwater 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 3 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Hypostatic Pneumonia				
ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Myocarditis, Arteriosclerosis				
		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS		None				
Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **1944**, to **Dec 5**, 1951, that I last saw the deceased alive on **Dec 5**, 1951, and that death occurred at **9 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE P. O. [Signature] (Degree or title)		23b. ADDRESS Lansing Mo.		23c. DATE SIGNED 12-6-1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 7 1951	24c. NAME OF CEMETERY OR CREMATORY Deepwater Cem.		24d. LOCATION (City, town, or county) (State) Deepwater Mo.

DATE REC'D BY LOCAL REG. Dec. 7-51		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	
				ADDRESS Deepwater Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 10 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 10 1951

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 *Tom Hunt*

Licensed Embalmer No. *2782*

P. O. Address *Deepwater 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.