

FILED JUL 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20106

BIRTH NO.		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 4273		Registrar's No. 57		
1. PLACE OF DEATH a. COUNTY LAFAYETTE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LAFAYETTE				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CONCORDIA		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CONCORDIA		54		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1014 ORANGE ST				d. STREET ADDRESS (If rural, give location) 1014 ORANGE ST				
3. NAME OF DECEASED (Type or Print) a. (First) MARY			b. (Middle) ANNA		c. (Last) ELLING		4. DATE OF DEATH (Month) (Day) (Year) July 7, 1949	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH FEB 4, 1867		
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 5		IF UNDER 24 HRS. Days 3		Hours Mts.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LAFAYETTE COUNTY MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY ELLING			13b. MOTHER'S MAIDEN NAME ANNA KLINGENBERG			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. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS CALDWELL DRUMMOND SPRINGFIELD 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 10 min ? 4:20	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Feb 21, 1949, to July 7, 1949, that I last saw the deceased alive on July 6, 1949, and that death occurred at 4:15 a.m., from the causes and on the date stated above.								
23a. SIGNATURE H. Brady, M.D. (Degree or title)				23b. ADDRESS Concordia, Missouri		23c. DATE SIGNED 7/7/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 10, 1949		24c. NAME OF CEMETERY OR CREMATORY METHODIST CEMETERY		24d. LOCATION (City, town, or county) (State) CONCORDIA MO		
DATE REC'D BY LOCAL REG. 7-9-1949		REGISTRAR'S SIGNATURE Clayton W. Landrum 154		25. FUNERAL DIRECTOR'S SIGNATURE A.E.S. JAMES		ADDRESS CONCORDIA, MO		

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

RECEIVED *JUL*
District Health Officer No. 8,

District File Number _____

Date Filed 7-13-49

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 *me*

Student Embalmer No. _____

working under my personal supervision.

Signed _____

E. S. James

Signed _____
Student Embalmer

Licensed Embalmer No. 2058

P. O. Address *Concord, 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.