

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19694

State File No.

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Christian County Mo</u>		2. USUAL RESIDENCE (Where deceased lived - If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If rural, give location) <u>Ozark Mo. Residence</u>	

3. NAME OF DECEASED a. (First) <u>Bertie</u> b. (Middle) <u>Evelyn</u> c. (Last) <u>Eltzinger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 28 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 18 1893</u>	9. AGE (In years last birthday) <u>57</u>	10. USUAL OCCUPATION (Give kind of work done during life, even if retired) <u>Home Keeper</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Home Keeper</u>	11. BIRTHPLACE (State or foreign country) <u>Self Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Aquille Coan</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah M. Coan</u>		14. NAME OF HUSBAND OR WIFE <u>Warren Eltzing</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Warren Eltzing Ozark Mo</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bowel</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>1.53X</u>

19a. DATE OF OPERATION OR OPERATION <u>May 10 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Intestines</u>		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 Jan 26 1950 to May 28 1950, that I last saw the deceased alive on May 26 1950, and that death occurred at 5:30 m. from the causes and on the date stated above.

23a. SIGNATURE <u>R.P. Farthing M.D.</u> (Degree or title)		23b. ADDRESS <u>Ozark Mo</u>		23c. DATE SIGNED <u>5-29-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 29</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Whiting unknown</u>	
24d. LOCATION (City, town, or county) (State) <u>Whiting Arkansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T.B. Chaffin</u>		ADDRESS <u>Ozark Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 13 1950</u>		REGISTRAR'S SIGNATURE <u>Lilla Leonard</u>		579	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 14 1950
District Health Office No. 6,
District License No. 650-679
Date JUN 15 1950

JUN 29 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Clark, 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.