

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40698

State File No.

FILED DEC 31 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1317

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BUCHANAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. JOSEPH</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. JOSEPH</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>120 ALABAMA ST.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RUTH</u>	b. (Middle) <u>LORENEA</u>	c. (Last) <u>ELDER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 26 1951</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 30, 1912</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SWITCHBOARD OPERATOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>TELEPHONE CO.</u>	11. BIRTHPLACE (State or foreign country) <u>FOREST CITY, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>NATHAN BAKER</u>	13b. MOTHER'S MAIDEN NAME <u>ALICE DUDLEY</u>	14. NAME OF HUSBAND OR WIFE <u>EARL ELDER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>486-32-4747</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earl Elder</u>	ADDRESS <u>120 Alabama St. Joseph Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>over 6 mo</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary anemia</u>		

19a. DATE OF OPERATION <u> </u>	19b. MAJOR FINDINGS OF OPERATION <u>592X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July, 1951, to Dec 24, 1951, that I last saw the deceased alive on Dec 24, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed Grant M.D.</u>	(Degree or title)	23b. ADDRESS <u>St. Joseph, Mo.</u>	23c. DATE SIGNED <u>12.26.51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-26-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oregon Forest City, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Forest City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 26, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casty</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pettigrew</u>	ADDRESS <u>Oregon, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed *James H. Pittzjahr* _____

Licensed Embalmer No. *3192* _____

P. O. Address *Oregon 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.