No. 300
10.48

FILED SEP 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30960

State File No.

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 304

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cape Girardeau
c. LENGTH OF STAY (In this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Bollinger
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Lorance
d. STREET ADDRESS (If rural, give location) Near Lutesville

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) c. (Last) ELFRINK

4. DATE OF DEATH (Month) (Day) (Year) 9-17-1952

5. SEX M.
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 11-17-1880
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 9 Days 28 IF UNDER 24 HRS. 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
11. BIRTHPLACE (City and State or Foreign Country) Bollinger Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Henry Elfrink
13b. MOTHER'S MAIDEN NAME Jane Vandeveer
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Henry J. Elfrink ADDRESS Robertson 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio. renal vascular disease — INTERVAL BETWEEN ONSET AND DEATH 6 months

ANTECEDENT CAUSES

Morbid 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-12, 1952 *to* 9-17, 1952 *that I last saw the deceased alive on* 9-17, 1952 *and that death occurred at* 2:50 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD
23b. ADDRESS Cape Girardeau Mo
23c. DATE SIGNED 9-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-20-52
24c. NAME OF CEMETERY OR CREMATORY St. Johns Cem.
24d. LOCATION (City, town, or county) (State) Leopold Mo.

DATE REC'D BY LOCAL REG. 9-21-52
REGISTRAR'S SIGNATURE C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Baker Funeral Home Lutesville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 29 1952

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 A. J. Baker

Licensed Embalmer No. 3373

P. O. Address Lutesville 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.