

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18489**

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 101	
1. PLACE OF DEATH a. COUNTY Franklin.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington.		c. LENGTH OF STAY (In this place) 3 days.		c. CITY - OR TOWN Washington.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital.				STREET ADDRESS (If rural, give location) R. #2. 0360			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Henry c. (Last) Elbert			4. DATE OF DEATH (Month) (Day) (Year) June 24th, 1954.				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 2nd, 1870.		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 3 Days 22	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming.		10b. KIND OF BUSINESS OR INDUSTRY Farming.		11. BIRTHPLACE (City and State or Foreign Country) Krakow, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Elbert.		13b. MOTHER'S MAIDEN NAME Louisa Schmertmann.		14. NAME OF HUSBAND OR WIFE Catherine Elbert.			
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. None.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Catherine Elbert Washington, Mo. R. #2.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Opoplexy, cerebral severe ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, mild severe DUE TO (c) Arteriosclerosis, generalized - progressive. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 55 days 8 yrs. Approx 15 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X				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) (m.)		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 7/11 , 19 44 , to 6/24 , 19 54 , that I last saw the deceased alive on 6/23 , 19 54 , and that death occurred at 3:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Michael S. Keffrich, M.D. (Degree or title)				23b. ADDRESS Washington, Mo.		23c. DATE SIGNED 6/24/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.		24b. DATE June 26, 1954.	24c. NAME OF CEMETERY OR CREMATORY St. Gertrude Cemetery,		24d. LOCATION (City, town, or county) (State) Washington (Krakow) R.2, Mo.		
DATE REC'D BY LOCAL REG. 6/25/54		REGISTRAR'S SIGNATURE J.P. Schuman		25. FUNERAL DIRECTOR'S SIGNATURE Nielburg & Witt, Inc.		ADDRESS Washington, Mo.	

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

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.