

FILED JUL 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22775**BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5112** Registrar's No. **52**

1. PLACE OF DEATH a. COUNTY Böllinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Böllinger	
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN Leopold		c. CITY OR TOWN Leopold,	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) His Life		e. STREET ADDRESS (If rural, give location) 0090 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Jacob	b. (Middle) J	c. (Last) Elfrink	4. DATE OF DEATH (Month) (Day) (Year)
				July 2 56

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH May, 24th 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 8	IF UNDER 1 HRS. Hours 740 PM
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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) Leopold	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME George Elfrink	13b. MOTHER'S MAIDEN NAME Helweg	14. NAME OF HUSBAND OR WIFE
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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 Leonard Elfrink	ADDRESS Leopold
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon		INTERVAL BETWEEN ONSET AND DEATH 12 HRS
	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. Malnutrition + Old age 153X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Sigmoid Colon c. liver Metastases	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) m.	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 **3-29**, 19**56** to _____, 19____, that I last saw the deceased alive on **4-30**, 19**56**, and that death occurred at **7:40** p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD	23b. ADDRESS 1912 Broadway	23c. DATE SIGNED July 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5th 56	24c. NAME OF CEMETERY OR CREMATORY Leopold,	24d. LOCATION (City, town, or county) (State) Leopold, Mo
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DATE REC'D BY LOCAL REG. July 10 - 56	REGISTRAR'S SIGNATURE Mrs. Buford Crader	25. FUNERAL DIRECTOR'S SIGNATURE Baker Funeral Home	ADDRESS Luttrell Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

520

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 A. J. Baker

Licensed Embalmer No. 3573

P. O. Address Terrell

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.