

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31236**

BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **79**

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington	c. LENGTH OF STAY (in this place) 1 week	c. CITY OR TOWN Lexington	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lexington Memorial Hospital		STREET ADDRESS (If rural, give location) 2210 McKinley 05420	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) MORTIMER c. (Last) EISEA	4. DATE OF DEATH (Month) (Day) (Year) October 4 1956
---	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 22, 1889	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 3 Days 12	IF UNDER 11 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 Farming	11. BIRTHPLACE (City and State or Foreign Country) Alma, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	---

13a. FATHER'S NAME John Madison Elsea	13b. MOTHER'S MAIDEN NAME Sarah Eliza Jackson	14. NAME OF HUSBAND OR WIFE Rena Elizabeth Elsea
---	---	--

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 Mrs. Rena Elizabeth Elsea	ADDRESS Lexington 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory failure.		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hepatic failure		
	DUE TO (c) arrhythmia of heart		1 year
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure		1 1/2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5810	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) (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 **9-22, 1956 to 10-4, 1956** that I last saw the deceased alive on **10-4, 1956**, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Ralph W. Kirby	(Degree or title) M.D.	23b. ADDRESS Lexington Mo	23c. DATE SIGNED 10-5-56
--	-------------------------------	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 6, '56	24c. NAME OF CEMETERY OR CREMATORY Blackburn Cemetery	24d. LOCATION (City, town, or county) (State) Blackburn, Missouri
---	---------------------------------	---	---

DATE REC'D BY LOCAL REG. 10-6-56	REGISTRAR'S SIGNATURE Thomas E. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Forest J. Temple	ADDRESS Lexington
--	---	---	-----------------------------

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

156

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 *Harmon W. House*.....

Licensed Embalmer No. *4589*.....

P. O. Address *Leffington,*.....

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.