

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

STATE FILE NUMBER

42970

11479

Registration District No.

318

Primary Registration District No.

Registration No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Cape Girardeau 0164 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glennon Hospital		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) CLEMENT		4. DATE OF DEATH 12-13-56	
5. SEX male		6. COLOR OR RACE white	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH August 17, 1949	
9. AGE (In years last birthday) 7		10. KIND OF BUSINESS OR INDUSTRY none	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo.	
13. FATHER'S NAME Phillip Elfrink		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		14. MOTHER'S MAIDEN NAME Margaret Steinnerd	
16. SOCIAL SECURITY NO. none		17. INFORMANT Phillip Elfrink Address Jackson, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE-CAUSE (a) ACUTE LEUKEMIA Conditions, if any, which gave rise to above cause* (b), stating the underlying cause last. DUE TO (b) following lymphosarcoma DUE TO (c) _____ PART-II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART-I(a) STAPHYLOCOCCIC SEPTICEMIA			INTERVAL BETWEEN ONSET AND DEATH 3 months 9 months
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> None	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY. Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		STATE	
21. I attended the deceased from November 7, 1956 to December 13, 1956 and last saw her/him alive on Dec. 13, 1956 Death occurred at 2:30 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Samuel P. King M.D.		22b. ADDRESS 1465 S. Grand Ave.	
22c. DATE SIGNED 12/13/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 12-13-56	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Jackson, Mo.	
24. FUNERAL DIRECTOR Cracraft-Miller, Jackson, Mo.		25. DATE RECD. BY LOCAL REG. DEC 14 1956	
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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..... *Homer H. Fritz*.....

Licensed Embalmer No..... 3

P. O. Address..... *H. F.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.