

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43975

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3030 Registrar's No. 32

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>GASCONADE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WASHINGTON</b>		c. CITY OR TOWN <b>HERMANN 0371</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST FRANCIS HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>E. 2<sup>nd</sup> ST</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>EMELIA MARIE ELFLEIN</b>		4. DATE OF DEATH Month Day Year <b>DEC 21 1957</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JUNE 10 1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>	11. BIRTHPLACE (City and state or country) <b>HOPEWELL Mo</b>
13a. FATHER'S NAME <b>WILLIAM BREWER</b>		13b. MOTHER'S MAIDEN NAME <b>MARIE DRIEMEYER</b>	14. NAME OF HUSBAND OR WIFE <b>GEORGE ELFLEIN</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>LAWRENCE ELFLEIN HERMANN Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ARTERIOSCLEROTIC HEART DISEASE</b>			INTERVAL BETWEEN ONSET AND DEATH <b>15 years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic cholecystitis, chronic pancreatitis</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <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	COUNTY STATE
21. I attended the deceased from <u>11-4-47</u> to <u>12-21-57</u> and last saw her alive on <u>12-21-57</u> Death occurred at <u>8:30 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Carvel T. Shaw, M.D.</b>		22b. ADDRESS <b>Hermann, Mo</b>	22c. DATE SIGNED <b>12-22-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>12/23/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Louise Island Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>McKittrick Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>HUGO BLUMER HERMANN Mo</b>		25. DATE RECD. BY LOCAL REG. <b>12/23/57</b>	26. REGISTRAR'S SIGNATURE <b>F. P. ...</b>

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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 Roger W. Blumer, Student Embalmer No. 553

working under my personal supervision.

Student

Roger W. Blumer  
Signature of Student Embalmer

Signed

Hugast Blumer  
Licensed Embalmer No. 3160

P. O. Address Herrmann No.

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.