

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005037
State File No.

FILED MAR 3 - 1958

BIRTH NO. _____ REG. DIST. NO. 115-116 PRIMARY REG. DIST. NO. 5434 Registrar's No. 79

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

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 RURAL St. Johns twp.		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Krakow
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) P.O. Washington R. R. 2		0360	
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) _____ c. (Last) ELBERT	
4. DATE OF DEATH (Month) (Day) (Year) February 20, 1958			
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 18, 1860
9. AGE (In years last birthday) 97		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	
11. BIRTHPLACE (City and State or Foreign Country) Krakow, St. Johns twp Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Peter Sullentrup		13b. MOTHER'S MAIDEN NAME Mary Catherine Hoelscher	
14. NAME OF HUSBAND OR WIFE John Elbert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME John Elbert (son)		ADDRESS Washington RR 2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerosis		INTERVAL BETWEEN ONSET AND DEATH several yrs.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Senility	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS None	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		7500	
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) _____		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 Jan 5, 1958 , to Feb 20, 1958 , that I last saw the deceased alive on Feb 18, 1958 , and that death occurred at 5:25 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE J. C. McCann		23b. ADDRESS 200 Elm Washington Mo	
(Degree or title) M.D.		23c. DATE SIGNED 2-21-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 24, 58	
24c. NAME OF CEMETERY OR CREMATORY St. Gertrude's Church Cem.		24d. LOCATION (City, town, or county) (State) Krakow, Missouri	
DATE REC'D BY LOCAL REG. 2/27/58		REGISTRAR'S SIGNATURE F. E. Schumann	
25. FUNERAL DIRECTOR'S SIGNATURE Henry W. Otto		ADDRESS Washington Mo	

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 *Henry W. Otto*
Licensed Embalmer No. *356*
P. O. Address *Washington*

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.