

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029566
STATE FILE NUMBER

FILED SEP 15 1958

Registration District No. 179 Primary Registration District No. 5673 Registrar's No. 164

300
1-57
570

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monroe Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Winfield Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR RFD INSTITUTION RFD Winfield		Length of stay in lb life	d. STREET ADDRESS (If outside, give location) 1/2 mile west Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last SOPHEIA ELSTROTH			4. DATE OF DEATH Month Day Year August 30, 1958
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 27, 1873
9. AGE (In years last birthday) 85		FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife & farmer		10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and state or country) RFD - Troy, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Bringer	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Herman Elstroth	
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. 4201	17. INFORMANT Address Bertha Elstroth - dau. - Winfield, Mo.
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 Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 45 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardio - Vascular - Renal Disease			8 years
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 Jan 2, 1951 , to Aug 30, 1958 and last saw her him alive on Aug 30, 1958 Death occurred at 2 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank L. Sutton, D.O. (Degree or title)		22b. ADDRESS Winfield, Mo.	22c. DATE SIGNED 9/1/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-1-58	23c. NAME OF CEMETERY OR CREMATORY St. Paul's E & R	23d. LOCATION (City, town, or county) (State) RFD - Old Monroe, Mo.
24. FUNERAL DIRECTOR Ricks Funeral Homes	ADDRESS Elsberry, Mo.	25. DATE RECD. BY LOCAL REG. 9-6-58	26. REGISTRAR'S SIGNATURE Charlotte Leek

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

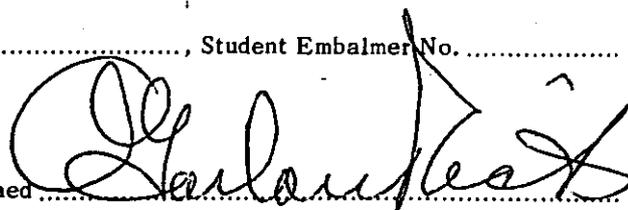
Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

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



Licensed Embalmer No. 401

P. O. Address... Eldersburg

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.