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JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 4 1960 53

3010

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STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

NDED

1. PLACE OF DEATH a. COUNTY Cape			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b m 3 hours		c. CITY OR TOWN Delta		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cape Osteopathic Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Sandra Middle Elfrank Last Elfrank			4. DATE OF DEATH Month December Day 26 Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/26/59	9. AGE (last birthday) IF UNDER 1 YEAR Months 5 Days 15	IF UNDER 24 HR Hours 5 Min 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Chaffee, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Bernard Caloway Elfrank			13b. MOTHER'S MAIDEN NAME Virginia Lee McAlister		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Bernard C. Elfrank, Delta, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Atelectasis						
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity (6½ months)						
DUE TO (c) Delivery by footling						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 5:45 e.m. p.m.	Month, Day, Year 12/26/59					
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 Chaffee, Missouri		COUNTY Chaffee
21. I attended the deceased from 12/26/59 to 12/26/59 and last saw her alive on 12/26/59 Death occurred at 5:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE H. N. Wehmer, D.O. (Degree or title)				22b. ADDRESS Chaffee, Missouri		22c. DATE SIGNED 12/26/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Dec. 27	23c. NAME OF CEMETERY OR CREMATORY Union Park Cemetery		23d. LOCATION (City, town, or county) (State) Chaffee Mo.		
24. FUNERAL DIRECTOR Stables Funeral Home ADDRESS Chaffee, Mo.		25. DATE RECD. BY LOCAL REG. 12-28-1959		26. REGISTRAR'S SIGNATURE James K. Koster		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 NOT Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene L. Stubbins

Licensed Embalmer No. 5012

P. O. Address Chaffee, Md

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.