URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH 45360-041264
ILED VS NOV 21 1960

ENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. [redacted] STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY CAPE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU — Length of stay in 1b 4 Hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SOUTHEAST Mo. HOSP — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY CAPE
c. CITY OR TOWN CAPE GIRARDEAU — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 802 S. SPANISH (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First #1 Middle TWIN Last ELFRANT (MALE)
4. DATE OF DEATH Month NOV. Day 13 Year 1960
5. SEX M
6. COLOR OR RACE W.
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Nov. 13-1960
9. AGE (last birthday) — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours 4 Min.
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) CAPE GIRARDEAU
12. CITIZEN OF WHAT COUNTRY ✓
13a. FATHER'S NAME BERNARD C. ELFRANT
13b. MOTHER'S MAIDEN NAME VIRGINIA L. McALISTER
14. NAME OF HUSBAND OR WIFE BERNARD ELFRANT
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 Bernard Elfrant Address CAPE GIRARDEAU Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Premature Infant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (approx 6 mos. Gestation)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2:30AM · 11-13-60 to 11:02 AM 11-13-60 and last saw him alive on 11-13-60
Death occurred at 11:02 AM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas. L. Herbert (Degree or title) M.D.
22b. ADDRESS Cape Girardeau Mo.
22c. DATE SIGNED 11-16-60

23a. BURIAL, CREMATION, REMOVAL (Specify) B
23b. DATE 11-14-60
23c. NAME OF CEMETERY OR CREMATORY UNION PARK CEM.
23d. LOCATION (City, town, or county) (State) CHAFFEE Mo.

24. FUNERAL DIRECTOR STUBBS FUNERAL HOME ADDRESS CHAFFEE Mo
25. DATE RECD. BY LOCAL REG. 11-18-60
26. REGISTRAR'S SIGNATURE Irma Kartin

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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