

No. 300
0.48

50
1

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16050

FILED JUN 7 1955

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4321 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Mercer	
b. CITY OR TOWN Mercer	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Mercer	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Own Home		STREET ADDRESS (If rural, give location) 0650	

3. NAME OF DECEASED (Type or Print)	a. (First) Carrie	b. (Middle) Ellen	c. (Last) Elsay	4. DATE OF DEATH (Month) (Day) (Year) May 30, 1955
-------------------------------------	--------------------------	--------------------------	------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Nov. 14, 1889	9. AGE (In years last birthday) 65	IF UNDER 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) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME Byron McKinney	13b. MOTHER'S MAIDEN NAME Mary Ragan	14. NAME OF HUSBAND OR WIFE John Elsay
--	---	---

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. None	17. INFORMANT'S SIGNATURE OR NAME Loren Elsay	ADDRESS Mercer Mo.
--	-------------------------------------	--	---------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		2 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral anoxia		1 day
DUE TO (c) Cerebral Hemorrhage		8 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular disease years			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1955, to May 30, 1955, that I last saw the deceased alive on May 30, 1955, and that death occurred at 2:00 P.M., from life causes and on the date stated above.

23a. SIGNATURE Loren Elsay (Degree or title)	23b. ADDRESS Box 98 - Mercer Mo.	23c. DATE SIGNED 6-2-55
---	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 1, 1955	24c. NAME OF CEMETERY OR CREMATORY Early Cemetery	24d. LOCATION (City, town, or county) (State) Mercer Mo.
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. 6-3-55	REGISTRAR'S SIGNATURE Neil [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Anna Greenlee	ADDRESS Lineville, Iowa.
--	---	---	---------------------------------

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 *Ames L. Greenlee*.....

Licensed Embalmer No. *396*.....

P. O. Address *Linnville*.....

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.