

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29261

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5112 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL GORANGETOP DISTRICT		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEOPOLD.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) In town	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR WEOPOLD			

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHINE b. (Middle) ELFRINK c. (Last) ELFRINK			4. DATE OF DEATH (Month) (Day) (Year) 9-5-1949		
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5. SEX F. W.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 9, 1882	9. AGE (In years last birthday) 66	10. UNDER 1 YEAR Months 10 Days 26	11. UNDER 1 HR. Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HUSE		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) BOLLINGER Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHRIST FRANKLE	13b. MOTHER'S MAIDEN NAME MARY LEMKE	14. NAME OF HUSBAND OR WIFE HERMAN ELFRINK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME HERMAN ELFRINK	ADDRESS 6UTESVILLE MO
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ab. stroke		MEDICAL CERTIFICATION Anterior choroidal artery stroke	INTERVAL BETWEEN ONSET AND DEATH 3 1/2 HX
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (c) stroke			
II. OTHER SIGNIFICANT CONDITIONS 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) -
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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? -
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22. I hereby certify that I attended the deceased from **June 8, 1949** to **Sept 3, 1949** that I last saw the deceased alive on **Sept 3, 1949**, and that death occurred at **7:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jim Timney M.D.	23b. ADDRESS White Water	23c. DATE SIGNED 9/7/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-8-49	24c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S CEM.	24d. LOCATION (City, town, or county) (State) WEOPOLD MO.
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DATE REC'D BY LOCAL REG. 9/7/49	REGISTRAR'S SIGNATURE Willie Davis	25. FUNERAL DIRECTOR'S SIGNATURE Baker	ADDRESS BAKER FUNERAL HOME BUTESVILLE MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 9-14-49
District Health Officer No. 4
District File Number 949-1215
Date Filed _____

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.

Signed J. E. Graham

Signed _____
Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Lutesville, Mo

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 this body is not embalmed, fact should be so stated above.