

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7707**

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BIRTH NO. **FILED MAR 24 1954** REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5111** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bollinger	
b. CITY (If outside corporate limits, write RURAL and give township) Lutesville, Rural		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Liberty Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Lutesville Rural Ph.	
3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) H c. (Last) Elfrank		4. DATE OF DEATH (Month) (Day) (Year) 3 17 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug, 11th 1875
9. AGE (In years) (Month) (Day) (Hours) (Min.) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
11. BIRTHPLACE (State or foreign country) Bollinger Co, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Elfrank		13b. MOTHER'S MAIDEN NAME Jane Vandevin	
14. NAME OF HUSBAND OR WIFE Deceased		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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alas Earnest Grier, Lutesville,	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cardiac De-compensation ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332 X	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2/6 , 19 51 , to 3/17 , 19 54 , that I last saw the deceased alive on 3/17 , 19 54 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John J. Myers, M.D.		23b. ADDRESS Lutesville, Mo.	
23c. DATE SIGNED 3/18/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 3-20th		24c. NAME OF CEMETERY OR CREMATORY Leopold Cemetery,	
24d. LOCATION (City, town, or county) (State) Leopold, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Baker Funeral Home, Lutesville	
DATE REC'D BY LOCAL REG. 3-19-54		REGISTRAR'S SIGNATURE Willie Sandburg	

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

My good friend's

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
Student Embalmer

Signed

T. E. Shabazz

Licensed Embalmer No. 4010

P. O. Address

Interville

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.