

Robert Elder Death

Certificate

STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS				CERTIFICATE OF DEATH FLORIDA				STATE FILE NO. 24988			
BIRTH NO.				REGISTRAR'S NO.							
1. PLACE OF DEATH a. COUNTY Orange		CODE NO. 58-11		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Florida b. COUNTY Orange							
b. CITY OR TOWN Orlando, Florida		c. LENGTH OF STAY (to this place)		c. CITY OR TOWN Orlando							
d. FULL NAME OF HOSPITAL OR INSTITUTION Orlando Osteopathic Hospital				4. STREET ADDRESS (If rural, give location) 1319 1/2 Oregon Street							
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Scott		c. (Last) Elder, Sr.		4. DATE OF DEATH (Month) (Day) (Year) Sept 8, 1955					
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married		8. DATE OF BIRTH April 7, 1877		9. AGE (In years, months, days) 78			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist		10b. KIND OF BUSINESS OR INDUSTRY Universal Products		11. BIRTHPLACE (State or foreign country) Murphersboro, Tennessee #1		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME not available				14. MOTHER'S MAIDEN NAME not available							
15. WAS DECREASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 385-10-4284		17. INFORMANT'S SIGNATURE Marian R. Elder				ADDRESS			
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, aneurism, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydronephrotic pneumonia ANTECEDENT CAUSES DUE TO (b) Congestive heart failure Meribid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Renal insufficiency II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH 12h 14h 3-4y			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 603X-49		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 OR TOWN) (COUNTY) (STATE) If rural, state RURAL.							
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 Sept 1, 1955 , to Sept 8, 1955 , that I last saw the deceased alive on Sept 7, 1955 and that death occurred at 4:47 p.m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title)				23b. ADDRESS				23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Sept 12, 1955		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) Orlando, Florida					
DATE REC'D BY LOCAL REG. SEP 12 1955		REGISTRAR'S SIGNATURE Wade R. Stephens, M.D.		FUNERAL DIRECTOR'S SIGNATURE Osceola Kelley		ADDRESS Funeral Home					