

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) (If under 1 year, give hours, minutes) 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^o		17. INFORMANT'S SIGNATURE <i>Marian R. Elder</i>			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) <i>Hydronephrotic pneumonia</i> ANTECEDENT CAUSES DUE TO (b) <i>Congestive heart failure</i> DUE TO (c) <i>Renal insufficiency</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerosis</i>					INTERVAL BETWEEN ONSET AND DEATH <i>12h</i> <i>14h</i> <i>3-4d</i>
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) If rural, state RURAL		21d. (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 <i>Sept 1, 1955</i> , to <i>Sept 8, 1955</i> , that I last saw the deceased alive on <i>Sept 7, 1955</i> and that death occurred at <i>4:47</i> p.m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>W. H. Stephens, M.D.</i>				23b. ADDRESS <i>W. H. Stephens, M.D., 1319 1/2 Oregon Street, Orlando, Fla.</i>		23c. DATE SIGNED <i>9/8/55</i>	
24. 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 <i>W. H. Stephens, M.D.</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Walter Kelly</i>		ADDRESS Walter Kelly, 1319 1/2 Oregon Street, Orlando, Fla.	