

FILED AUG 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26525

State File No.

3200

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4170 Registrar's No. 38

1. PLACE OF DEATH

a. COUNTY DeKalb.

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star

c. LENGTH OF STAY (in this place) 79 yr.

d. FULL NAME OF HOSPITAL OR INSTITUTION Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Mo.

b. COUNTY DeKalb

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star Mo.

d. STREET ADDRESS (If rural, give location) None. At home.

3. NAME OF DECEASED (Type or Print)

a. (First) Charles Scott

b. (Middle) Elliott

c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) 8. 3 .1949

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 11.2.1869

9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 7 Days 1 IF UNDER 4 HRS. Hours 1 Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Same

11. BIRTHPLACE (State or foreign country) DeKalb Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME H.C.Elliott

13b. MOTHER'S MAIDEN NAME Catherine Rushton

14. NAME OF HUSBAND OR WIFE ~~XXXXXXXX~~ Rachel

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 ADDRESS Guy Elliott. St. Joseph Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES Arterio Sclerosis

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

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 NO

21a. ACCIDENT SUICIDE (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) (Minute) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Aug 1, 1949, to 8.3, 1949, that I last saw the deceased alive on 8.3, 1949, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. M. Reynolds M.D.

23b. ADDRESS Union Star Mo.

23c. DATE SIGNED 8.7.1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8/7/1949

24c. NAME OF CEMETERY OR CREMATORY Union Star

24d. LOCATION (City, town, or county) (State) Union Star Mo.

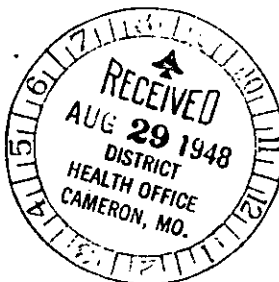
DATE REC'D BY LOCAL REG. 8-10-49

REGISTRAR'S SIGNATURE Roscoe D. ...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS King City Mo.

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

APR 27 1939



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 R. G. Taggart

Signed _____
Student Embalmer

Licensed Embalmer No. 2563

P. O. Address King City 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.

[Faint handwritten text]