

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH AND MASSA
STANDARD CERTIFICATE OF DEATH

58-022948
STATE FILE NUMBER

FILED JUL-1 1958 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 62

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1-57
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1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residency before admission) a. STATE Mo. b. COUNTY RAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHMOND (Twp.)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN HARDIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RAY COUNTY MEMORIAL		Length of stay in lb 5 days	STREET ADDRESS (If outside, give location) 0890
3. NAME OF DECEASED (Type or print) First HYNDS Middle - Last ELLIOT			4. DATE OF DEATH Month JUNE Day 23 Year 1958
5. SEX male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 16 1878
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (City and state or country) CARRALL COUNTY, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME GEORGE ELLIOT	13b. MOTHER'S MAIDEN NAME DRUCILLA DUNCAN
14. NAME OF HUSBAND OR WIFE ELLA L. ELLIOT		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. 495-42-6094
17. INFORMANT LILLIAN LOEVEN-NORBORNE, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Bronchial pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Uremia DUE TO (c) Renal failure PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign Prostatic Hypertrophy	
19. INTERVAL BETWEEN ONSET AND DEATH 1 day Unknown 2 days.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter name of injury in PART I or PART II of item 18.) 610X	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6-17-58 to 6-23-58 and last saw ^{her} _{him} alive on 6-23-58 Death occurred at 11:10 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) D.A. Crozier, M.D.		22b. ADDRESS Richmond, Mo.	
22c. DATE SIGNED 6-25-58		23a. BURIAL, CREMATION, REVENUE (Specify) Burial	
23b. DATE 6-25-58		23c. NAME OF CEMETERY OR CREMATORY LAUELOCK Cem.	
23d. LOCATION (City, town, or county) (State) RAY COUNTY Mo.		24. FUNERAL DIRECTOR ADDRESS Kuieschild & Barcherding Hardin, Mo	
25. DATE RECD. BY LOCAL REG. 6-27-1958		26. REGISTRAR'S SIGNATURE Mabel Guckman	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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
Signature of Student Embalmer

Signed *August Bouchard*

Licensed Embalmer No. *4678*

P. O. Address *Hardin, Ma.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.