

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

162 Cells 18429

State File No. \_\_\_\_\_

Registrar's No. 449

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:  
 (a) County Breana  
 (b) City or town Springfield  
 (c) Name of hospital or institution Springfield Baptist Hospital  
 (d) Length of stay: In hospital or institution 1 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Wright  
 (c) City or town Mt Grove  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Jessie Leona Elliott  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 17  
 year 1940 hour 4 minute 10 A. M.

4. Sex Female 5. Color or race White  
 6. (b) Name of husband or wife L. Dan Elliott  
 7. Birth date of deceased March 1, 1888

21. I hereby certify that I attended the deceased from May 7 1940, 19  , to May 17 1940; that I last saw her alive on May 16 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 2 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death uremia  
 Due to Polycystic Kidneys  
 Due to \_\_\_\_\_

9. Birthplace Mt Grove, Mo.  
 10. Usual occupation Housewife  
 11. Industry or business At Home

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Sepsis - secondary to renal cysts

MOTHER FATHER  
 12. Name C. I. Dewey  
 13. Birthplace Mt Grove, Mo.  
 14. Maiden name Susan M. Daugherty  
 15. Birthplace Unknown Kentucky

Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature L. Dan Elliott  
 (b) Address Mt Grove, Mo.  
 17. (a) Funeral (b) Date thereof 5-18-40  
 (c) Place: burial or cremation Mt. Grove, Mo. May 18, 1940

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director Alma Schaefer  
 (b) Address Springfield, Mo.  
 19. (a) May 17, 1940 (b) W. E. Handley, M.D.  
 (Date received local registrar) (Registrar's signature)

(Specify type of place) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_  
 23. Signature Guy Hallaway (M. D. or other) \_\_\_\_\_  
 Address Springfield, Mo. Date signed 5/17/40

MADE IN U.S.A. - EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*E. W. Torrey*

Licensed Embalmer No.....

*1767*

P. O. Address.....

*Springfield*

**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, above space should be left blank.**

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