

FILED JAN 6 1949

STANDARD CERTIFICATE OF DEATH

State File No. 42266

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 174	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Green</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Twp.</u>		c. LENGTH OF STAY (in this place) <u>21 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		57	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>State Hospital #3</u>				d. STREET ADDRESS (If rural, give location) <u>013 W. Harrison</u> 16			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Scott</u>		b. (Middle) <u>S.</u>		c. (Last) <u>Elting</u>	
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>29</u>		(Year) <u>1948</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-10-1882</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>66</u>		IF UNDER 1 YEAR Days <u>4</u>		IF UNDER 11 HRS. Hours <u>19</u> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>Green</u>	
13a. FATHER'S NAME <u>Richard O. Elting</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Skart</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Mary Elting</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Elting (wife)</u>		ADDRESS <u>613 W. Harrison Springfield, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)							
ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Acute Manic Depression</u>		21 Days	
				DUE TO (c) <u>Acute Mania</u>			
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death. <u>2000</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>12-8-</u> 1948, to <u>12-29-</u> 1948, that I last saw the deceased alive on <u>12-29-</u> 1948, and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J.R. Bunch, M.D.</u> (Degree or title)				23b. ADDRESS <u>State Hospital #3</u>		23c. DATE SIGNED <u>12-29-48</u>	
24a. BURIAL OR CREMATION REMOVAL (Specify)		24b. DATE <u>12-30-48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>lpp.</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/30/48</u>		REGISTRAR'S SIGNATURE <u>Wathyn Yancey</u> 331		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen V. Hays</u> ADDRESS <u>Swada, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

10800

RECEIVED

District Health Officer No. 7,

District File Number 12-48-1527

Date Filed 1-5-49

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. 83

working under my personal supervision.

Student Bert B. Bennett
Student Embalmer

Signed Allen J. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.