

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13025

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>223 Sanford</u>		d. STREET ADDRESS (If rural, give location) <u>223 Sanford</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rev ROY</u> b. (Middle) <u>PALMER</u> c. (Last) <u>ELLIOTT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr - 8 - 1949</u>	
5. SEX <u>Mo</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr - 4 - 1888</u>
9. AGE (In years last birthday) <u>61</u> 0 4		10. KIND OF BUSINESS OR INDUSTRY <u>Minister</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		11. BIRTHPLACE (State or foreign country) <u>Sioux City Iowa</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wm Elliott</u>	
13b. MOTHER'S MAIDEN NAME <u>Louise Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Maude Elliott</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Maude Elliott</u>		ADDRESS <u>Brookfield Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis with occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Prior coronary occlusion 2-10-49</u> <u>Hypertension</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) (Min) _____		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>June 1, 1948</u> to <u>Apr 8, 1949</u> , that I last saw the deceased alive on <u>April 4, 1949</u> , and that death occurred at <u>11:00 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>John R. Dyer M.D.</u>		23b. ADDRESS <u>Brookfield Mo</u>	
23c. DATE SIGNED <u>4-11-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>Apr-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Muscatine, Bem Muscatine, Iowa</u>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Will Funeral Home</u>	
25. ADDRESS <u>Brookfield Mo</u>		DATE REC'D BY LOCAL REG. <u>April 13, 1949</u>	
REGISTRAR'S SIGNATURE <u>A. S. Erwin</u>		167	

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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
Student Embalmer

Signed J. A. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.