

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13170**

| | | | | | | | |
|--|-------------------------------|--|--|---|---|--|--------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 223 | | PRIMARY REG. DIST. NO. 2195 | | Registrar's No. 205 | |
| 1. PLACE OF DEATH a. COUNTY Moniteau | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Pilot Grove Twp. | | | c. LENGTH OF STAY (In this place) | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Pilot Grove Township | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION At Home | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) GUINN c. (Last) ELLIOTT | | | 4. DATE OF DEATH (Month) (Day) (Year) April 30, 1949 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 14, 1857 | | 9. AGE (In years last birthday) 91 | IF UNDER 1 YEAR (Month) (Day) 10 16 | IF UNDER 24 HRS. (Hour) (Min.) |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | | 11. BIRTHPLACE (State or foreign country) Moniteau County, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME William Elliott | | 13b. MOTHER'S MAIDEN NAME Susan Nelson | | 14. NAME OF HUSBAND OR WIFE Christiana Elliott | | | |
| 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 ADDRESS James Elliott, Latham, Mo. | | | |
| 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) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 3 years 10 years 4500 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | 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>July 15, 1946</u> , to <u>April 30, 1949</u> , that I last saw the deceased alive on <u>April 30, 1949</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) James Latham M.D. | | | | 23b. ADDRESS California, Mo. | | 23c. DATE SIGNED 5-2-49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 5/3/49 | 24c. NAME OF CEMETERY OR CREMATORY Union Christian Cem. | | 24d. LOCATION (City, town, or county) (State) Latham, Mo. 13 mi South East | | |
| DATE REC'D BY LOCAL REG. 5/6/49 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILLIAMS FUNERAL HOME, CALIFORNIA, MO. | | | |

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

RECEIVED
District Health Officer No. 9
District File Number
Date Filed
MAY 11 1949

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 *A. E. Fredman*

Signed _____
Student Embalmer

Licensed Embalmer No. *2854*

P. O. Address *California 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.