

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 19 1949

State File No. 15056

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 159

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

1. PLACE OF DEATH a. COUNTY <u>Callaway.</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton.</u> c. LENGTH OF STAY (in this place) <u>1 year 10 mo</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 1-2</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Randolph.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wesley.</u> d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 2.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John.</u> b. (Middle) <u>F.</u> c. (Last) <u>ELLIOT.T.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 15 1949</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH. <u>7-6-1888.</u>
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer.</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frank Elliott.</u>		13b. MOTHER'S MAIDEN NAME <u>Rhoda Ann Patidge.</u>	
14. NAME OF HUSBAND OR WIFE <u>---</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>D.K.</u>	
16. SOCIAL SECURITY NO. <u>D.K.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records, Fulton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease.</u> DUE TO (c) <u>Generalized arteriosclerosis.</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) 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>4-30</u> , 19 <u>49</u> , to <u>5-11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-10</u> , 19 <u>49</u> , and that death occurred at <u>8:55 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>G. Baldwin M.D.</u>		23b. ADDRESS <u>Fulton Mo.</u>	
23c. DATE SIGNED <u>5-11-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May-13-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Dalem Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Randolph Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 11-1949</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred W. Thompson</u>		ADDRESS <u>Madison Mo</u>	

RECEIVED

District Health Officer No. 9,

District File Number
Date Filed MAY 18 1949

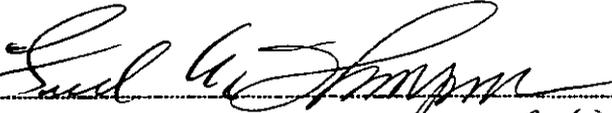
STATEMENT BY LICENSED EMBALMER

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.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 1420

P. O. Address Madison, 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.