

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29972

FILED OCT 13 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 129

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

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton-Rural-Trenton TWP.	
c. LENGTH OF STAY (in this place) 3 Days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callers Hospital			

3. NAME OF DECEASED (Type or Print) Mary	a. (First)	b. (Middle) Rebecca	c. (Last) Elliott	4. DATE OF DEATH (Month) (Day) (Year) Sept 23 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 21-1875	9. AGE (In years last birthday) 73	if UNDER 1 YEAR Days 10	if UNDER 24 Hrs. Hours 2
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Grundy County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Freeman Dunlap	13b. MOTHER'S MAIDEN NAME Melvina Rebecca Buchanan	14. NAME OF HUSBAND OR WIFE Neal Elliott
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Arthur Collins	ADDRESS Trenton Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 days E 816L 26
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock following fracture		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 7 upper end of femur on left side + head injury		
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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident on country road	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Trenton Grundy Mo
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? Automobile accident - DMV.

22. I hereby certify that I attended the deceased from 9/20, 1949, to 9/23, 1949, that I last saw the deceased alive on 9/22, 1949, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
	Trenton Mo	9/29/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/25/1949	24c. NAME OF CEMETERY OR CREMATORY Rural Dale	24d. LOCATION (City, town, or county) (State) Trenton Mo.
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DATE REC'D BY LOCAL REG. 9-27-49	REGISTRAR'S SIGNATURE June Fair 115	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.J. Robertson Funeral Home Laredo Mo
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AUG 2 1954



**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 John M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.