

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36192

State File No. _____ Registrar's No. 385

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SAVANNAH</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>SAVANNAH</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			
3. NAME OF DECEASED a. (First) <u>CORA</u> b. (Middle) _____ c. (Last) <u>Elliott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-13-1949</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 19</u>
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>4</u>	11. DAYS <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Andrew Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Archabald Elliott</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Warner</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lee Burns Maryville 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>170X</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Numerous Metastatic Carcinomas</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)		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>Jan. 15, 1949</u> , to <u>Nov. 13, 1949</u> , that I last saw the deceased alive on <u>Nov. 13, 1949</u> , and that death occurred at <u>12:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. B. Maxwell, D.O.</u>		23b. ADDRESS <u>307 W. Main Savannah, Mo</u>	
23c. DATE SIGNED <u>11/13/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-15-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CENTERARY</u>		24d. LOCATION (City, town, or county) (State) <u>near Bolehow Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-17-49</u>		REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home Savannah</u>		ADDRESS <u>MO</u>	

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



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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.