

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37017**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **263**

42
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2

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Ave.		e. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Park Ave.	
		f. STREET ADDRESS (If rural, give location) Clinton	

3. NAME OF DECEASED (Type or Print) a. (First) Hettie ANN b. (Middle) Elliott c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Nov. 30 1949
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5. SEX Fe	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 11-1885	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 10 Days 19	IF UNDER 2 HRS. Hours Min.
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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) Calhoun Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Francis Tutt	13b. MOTHER'S MAIDEN NAME Clajab Kriner	14. NAME OF HUSBAND OR WIFE marion Elliott
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Dick Tutt ADDRESS Clinton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SUFFOCATION		INSTANT
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		59 1/2 7 1/2
II. OTHER SIGNIFICANT CONDITIONS: CARDIAC DECOMPENSATION Conditions contributing to the death but not related to the disease or condition causing death. ARTHRITIS		6 MO. 12 YR	

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 (Specify) Home Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clinton Henry Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NOV. 30 1949 2:30 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Home burned
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22. I hereby certify that I attended the deceased from **NOV. 23, 1949**, to **30 NOV., 1949**, that I last saw the deceased alive on **23 NOV., 1949**, and that death occurred at **2:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh B. Walker, MD coroner	23b. ADDRESS Clinton, Mo.	23c. DATE SIGNED 30 NOV 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 1 1949	24c. NAME OF CEMETERY OR CREMATORY Englewood	24d. LOCATION (City, town, or county) (State) Clinton Mo.
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DATE REC'D BY LOCAL REG Dec 1-49	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE Fred [unclear] ADDRESS Clinton Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 10 1949

RECEIVED

District Health Officer No. 7,

District File Number 11-49-1424

Date Filed 12-5-49

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 Frank M. Wilson Jr.
Licensed Embalmer No. 4510

P. O. Address Clinton, 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.