

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5605

FILED MAR 9 1950

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5877 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alton Piney		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Howell County	
c. LENGTH OF STAY (in this place) 3 weeks		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) CSIPPEY b. (Middle) CURTIS c. (Last) ELLIOTT			4. DATE OF DEATH (Month) (Day) (Year) Jan. 24 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 24, 1879		9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR Days 4	
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) Howell County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Curtis		13b. MOTHER'S MAIDEN NAME Josephine Jones		14. NAME OF HUSBAND OR WIFE C. N. 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 ADDRESS C. N. Elliott Alton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Quincke's Fibrillation</i> ANTECEDENT CAUSES (b) <i>Myocarditis</i> DUE TO (c) <i>Smoking</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4331	
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>C. W. Cooper M.D.</i> (Degree or title)		23b. ADDRESS <i>Thayer Mo</i>		23c. DATE SIGNED 2-3-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-27-1950		24c. NAME OF CEMETERY OR CREMATORY Cave Springs Cemetery		24d. LOCATION (City, town, or county) (State) Alton, Missouri	
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DATE REC'D BY LOCAL REG. 2-23-50		REGISTRAR'S SIGNATURE <i>Mrs W C Johnson</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter Jones</i> ADDRESS Thayer, Mo.	
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Cooper

RECEIVED 3/1/50
District Health Officer No. 5,
District File Number 350-143
Date Filed 3/3/50

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.....

.....
working under my personal supervision.

Signed.....

..... Student Embalmer No.....

Signed.....
Student Embalmer

..... Licensed Embalmer No. 4516

..... P. O. Address Thayer, Md

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.