

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26301

FILED SEP 6 1950

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 5 PRIMARY REG. DIST. NO. 5240 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural WASHINGTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural WASHINGTON 0200	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles N. of Caplinger Mills		3 Miles N. of Caplinger MILLS	

3. NAME OF DECEASED (Type or Print)	a. (First) Martha	b. (Middle) Jane	c. (Last) Elliston	4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1950
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 10, 1864	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 3	Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) New Albany, Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Benjamin Carter	13b. MOTHER'S MAIDEN NAME Martha Chamberlin	14. NAME OF HUSBAND OR WIFE John Elliston
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME John Elliston, Caplinger Mills, Mo	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchial pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			491X

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Cedar (COUNTY) (STATE) Mo.
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 Aug. 1, 1950, to Aug. 13, 1950 that I last saw the deceased alive on Aug. 12, 1950, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(In care of time)	23b. ADDRESS	23c. DATE SIGNED 8-14-50
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24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24a. DATE 8-15-1950	24c. NAME OF CEMETERY OR CREMATORY Caplinger Mills	24d. LOCATION (City, town, or county) Cedar County, Mo. (State)
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DATE REC'D BY LOCAL REG. 8-25-1950	REGISTRAR'S SIGNATURE Geneva Garrison	154	25. FUNERAL DIRECTOR'S SIGNATURE John A. Cantler	ADDRESS Stockton, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED AUG 29 1950

Dist. File 820-1836

Date Filed Aug 29, 1950

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.

Signed John A. Carlton

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.