

No. 300  
10-45-54

FILED OCT 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 29732

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri Cedar COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Springs	
d. FULL NAME OF HOSPITAL OR INSTITUTION E. Joe Davis St.		d. STREET ADDRESS (If rural, give location) 314 S. Grand Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Philip		b. (Middle) Nolan		c. (Last) Elliott		4. DATE OF DEATH (Month) (Day) (Year) 9/27/1950	
5. SEX Male <u>U</u>	6. COLOR OR RACE White	7. MARRIED, NEVER, MARRIED, WIDOWED, DIVORCED (Specify) Single <u>✓</u>		8. DATE OF BIRTH 2/8/1949		9. AGE (In years last birthday) 1 IF UNDER 1 YEAR: Months   Date IF UNDER 24 HRS: Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri <u>0</u>		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Eugene Elliott		13b. MOTHER'S MAIDEN NAME Sadie Ballenger		14. NAME OF HUSBAND OR WIFE -----	
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 Sadie Elliott El Dorado Spgs,	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  3929
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning (Accidental)</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.			

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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>		21c. (CITY, TOWN, OR TOWNSHIP) Cedar (COUNTY) El Dorado Springs Missouri (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-2-50 <u>about 2 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>no injury</u>	

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 \_\_\_\_\_, 19\_\_\_\_, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.D. Givins, Coroner 3</u>		23b. ADDRESS <u>El Dorado Springs, Mo.</u>		23c. DATE SIGNED <u>9-27-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/30/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Springs</u>		24d. LOCATION (City, town, or county) (State) <u>El Dorado Spgs Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Sept. 30, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

418-0 (Licensed Embalmer's Signature on Reverse Side)

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED OCT 4 1950

Dist. File 10-50-2051  
Date Filed 10-4-50

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. B. Goodrich*

Licensed Embalmer No. 3038

P. O. Address Private No.

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.