

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33495**
4259

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. STREET ADDRESS (If rural, give location) 3621 Anderson	

3. NAME OF DECEASED (Type or Print)
a. (First) **Charles** b. (Middle) **W.** c. (Last) **Elliott**

4. DATE OF DEATH (Month) (Day) (Year)
10 5 50

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Oct 15-1881**

9. AGE (In years last birthday) **68** IF UNDER 1 YEAR Months IF UNDER 1 YEAR Days IF UNDER 1 YEAR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) **Retired Lawyer** 10b. KIND OF BUSINESS OR INDUSTRY **Self-employed** 11. BIRTHPLACE (State or foreign country) **Kansas City, Mo** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Joseph Elliott** 13b. MOTHER'S M.A.I.D.E.N. NAME **Laura Wright** 14. NAME OF HUSBAND OR WIFE **Rose Elliott-dec.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **None None** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Walter Smith** ADDRESS **3621 Anderson**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Bronchogenic carcinoma primary**

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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Aug. 8, 1950**, to **Oct. 5, 1950**, that I last saw the deceased alive on **Oct. 5, 1950**, and that death occurred at **8:28 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE **B. B. Burns** (Degree or title) **M.D.** 23b. ADDRESS **24th & Cherry** 23c. DATE SIGNED **10-6-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **Oct 8-50** 24c. NAME OF CEMETERY OR CREMATORY **Bronking Cem** 24d. LOCATION (City, town, or county) (State) **Raytown, Mo**

DATE REC'D BY LOCAL REG. **10-9-50** REGISTRAR'S SIGNATURE **Meraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **George C. Benson** ADDRESS **Raytown, Mo**

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. King

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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.

Student Embalmer No.

Signed

Donald E. Carson

Signed.....

Student Embalmer

Licensed Embalmer No. *4199*

P. O. Address *Chicago, Ill.*

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.