

FILED JAN 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 40447

BIRTH NO. 80073-50 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 164

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

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION CONNERS HOSP. TRENTON, MO.		d. STREET ADDRESS (If rural, give location) R.F.D. # 5	

3. NAME OF DECEASED a. (First) LINDA b. (Middle) YNE LOUISE c. (Last) ELLIOTT			4. DATE OF DEATH (Month) (Day) (Year) DEC. 18, 1950			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH DEC. 18, 1950	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min. 7 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) TRENTON, MISSOURI		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME CAROL ELLIOTT		13b. MOTHER'S MAIDEN NAME BETTY ROUTH		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CAROL ELLIOTT R.F.D. # 5 TRENTON, MO.	

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) Asphyxia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 7625
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

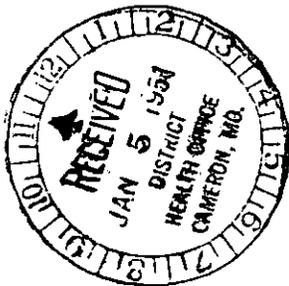
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 12-18-1950, to 12-18-1950, that I last saw the deceased alive on 12-18-1950, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE M. A. Jenson MD (Degree or title)		23b. ADDRESS Trenton MO		23c. DATE SIGNED 12-18-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-19-50	24c. NAME OF CEMETERY OR CREMATORY EDINBURG CEMETERY	24d. LOCATION (City, town, or county) (State) EDINBURG, MISSOURI
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DATE REC'D BY LOCAL REG. 12-18-50	REGISTRAR'S SIGNATURE Gene Jiv O	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles D. Sefran Trenton, MO.
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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 Charles D. Sefison

Signed.....
Student Embalmer

Licensed Embalmer No. 3109

P. O. Address Stanton, Missouri

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.