

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

812

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If not in usual residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>OREGON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>SPRINGFIELD</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ALTON</b> <u>075</u>	
c. LENGTH OF STAY (In days) <b>2</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CHARLES</b>	b. (Middle) <b>N.</b>	c. (Last) <b>ELLIOTT</b>	4. DATE OF DEATH (Month, Day, Year) <b>FEB. 3, 1951</b>
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5. SEX <b>M.</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>2/9/1876</b>	9. AGE (In years last birthday) <b>74</b>	If UNDER 1 YEAR Months	If UNDER 1 YEAR Days	If UNDER 1 HR. Hours	If UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (State or foreign country) <b>ALTON, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILLIAM ELLIOTT</b>	13b. MOTHER'S MAIDEN NAME <b>MARY JANE CUSTER</b>	14. NAME OF HUSBAND OR WIFE <b>- - - -</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Beatrice Blankenship, Alton</b>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 wks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myelogenous Leukemia</b>		
	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.		<b>2041</b>	

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) (COUNTY) (STATE)
21d. TIME OF INJURY (Month, Day, Year, Hour, Min.)	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 Jan. 31, 1951, to Feb. 3, 1951, that I last saw the deceased alive on Feb. 3, 1951, and that death occurred at 10:20 PM., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS <i>[Address]</i>	23c. DATE SIGNED <b>2-2-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/7/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cave Springs</b>	24d. LOCATION (City, town, or county) (State) <b>Cave Springs, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-5-51</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H.H. LOHMEYER, SPRINGFIELD, MO.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 W. J. McCann.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 2727.....

P. O. Address Springfield, 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.