

FILED FEB 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. 4258

0270

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 4147 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Cooper</u> <u>Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Bunceton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bunceton</u> <u>0270</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>No Street Number</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No Street Number</u>			
3. NAME OF DECEASED a. (First) <u>Alberta</u> b. (Middle) <u>Young</u> c. (Last) <u>Elliott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February, 10, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>April, 10, 1874</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Scranton, Penn</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Jonn C. Young</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Schinnerling</u>	14. NAME OF HUSBAND OR WIFE <u>DR. W.H. Elliott (Deceased)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Raymond Elliott, Bunceton, Mo.</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, metastatic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma, breast, right</u> 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 <u>~~~~~</u>		19b. MAJOR FINDINGS OF OPERATION <u>~~~~~</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>~~~~~</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>~~~~~</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>~~~~~</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>~~~~~</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>~~~~~</u>	
22. I hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>49</u> , to <u>2/10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/3</u> , 19 <u>51</u> , and that death occurred at <u>10:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Paine MD</u>		23b. ADDRESS <u>Bonville, Mo</u>	23c. DATE SIGNED <u>2/12/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 13, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bunceton Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb 13 1951</u>	REGISTRAR'S SIGNATURE <u>Hellie Thellett</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James E. Richard 720</u>	

RECEIVED 2-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 2-19-51

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.....  
Student Embalmer

Signed *Jessie E. Richard*  
Licensed Embalmer No. *2466*

P. O. Address *Lepton 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.