

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7293

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 28

1088

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

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada City Hospital		d. STREET ADDRESS (If rural, give location) 818 W. Austin	

1088

3. NAME OF DECEASED (Type or Print) a. (First) Lester b. (Middle) Earl c. (Last) Elliott			4. DATE OF DEATH (Month) (Day) (Year) Feb. 7th, 1951		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 8th, 1907	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Days 30
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Manager & Salesman		10b. KIND OF BUSINESS OR INDUSTRY Motor Supplies		11. BIRTHPLACE (State or foreign country) Alba, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Oliver C. Elliott	13b. MOTHER'S MAIDEN NAME Dora I. Wright	14. NAME OF HUSBAND OR WIFE Helen Elliott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY (If yes, give war or dates of service) 510-10-0687	17. INFORMANT'S SIGNATURE OR NAME Helen Elliott ADDRESS Nevada, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension arterial damage (sclerosis)		
	DUE TO (b) Hypertension arterial damage (sclerosis) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331 X

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)	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) m.	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 **2-6**, 19**51**, to **2-7**, 19**51**, that I last saw the deceased alive on **2-7**, 19**51**, and that death occurred at **7:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) E. Braxton Davis M.D.	23b. ADDRESS Nevada, Mo.	23c. DATE SIGNED 2-9-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed	24b. DATE 2-10-51	24c. NAME OF CEMETERY OR CREMATORY Ogden Memorial Park
24d. LOCATION (City, town, or county) (State) Joplin Mo.		

DATE REC'D BY LOCAL REG. 2-20-51	REGISTRAR'S SIGNATURE Anna E. Perry	45	FUNERAL DIRECTOR'S SIGNATURE Erininger Funeral Home ADDRESS Nevada, Mo.
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 26 1957

Dist. File 351-436

Date Filed 3-2-57

MAR 5 1957

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 Marsh Eschinger

Licensed Embalmer No. 2656

P. O. Address Neodesha, 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.