

FILED SEP 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29446

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 229

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) Columbia		c. CITY (If outside corporate limits, write RURAL and give township) Columbia	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 705 Maryland	
d. FULL NAME OF HOSPITAL OR INSTITUTION 705 Maryland			

3. NAME OF DECEASED (Type or Print)	a. (First) JEAN	b. (Middle) SCOTT	c. (Last) ELLIFF	4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 24, 1868	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hatfield, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John Cummings	13b. MOTHER'S MAIDEN NAME Mary Woodrow	14. NAME OF HUSBAND OR WIFE Joseph Dolliver Elliff
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Joseph Cummings Elliff, Chicago, Ill.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Uremia poisoning</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> <i>3 weeks</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>uremia</i>		
	DUE TO (c) <i>Generalized arterio-sclerosis</i>		
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 <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)
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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?
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22. I hereby certify that I attended the deceased from 7/45, 1949, to 9/12, 1951, that I last saw the deceased alive on 9/12, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. Skene M. D.</i> (Degree or title)	23b. ADDRESS Columbia Mo	23c. DATE SIGNED 9/12/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial U	24b. DATE Sept. 14, 1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Mo.
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DATE REC'D BY LOCAL REG. Sept. 15, 1951	REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Parker Funeral Service, Columbia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

