

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32889

State File No.

FILED OCT 15 1951

BIRTH. NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Cedar Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo.</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs, mo.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>112 W. Olive</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Name</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>M.</u>	c. (Last) <u>ELLIOTT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-29-1951</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Dec. 15, 1950</u>	9. AGE (In years last birthday) <u>9</u> Months <u>15</u> Days	IF UNDER 1 YEAR Hours Min.	IF UNDER 10 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>New Jersey</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Norman Elliott</u>	13b. MOTHER'S MAIDEN NAME <u>Edith Andersen</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Norman Elliott</u>	ADDRESS <u>El Dorado Springs</u>
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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) <u>Loss of cerebro-spinal fluid</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured meningocele</u>			<u>5 days</u>
	DUE TO (c) <u>Spina bifida</u>			<u>congenital</u>
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) <u>751X</u>
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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?
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22. I hereby certify that I attended the deceased from Sep. 25, 1951, to Sep. 29, 1951, that I last saw the deceased alive on Sep. 29, 1951, and that death occurred at 2 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ch. Sunderwirth, D.O.</u>	23b. ADDRESS <u>El Dorado Springs, Mo</u>	23c. DATE SIGNED <u>10-2-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-2-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wood Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Cedar Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 3, 1951</u>	REGISTRAR'S SIGNATURE <u>Herbert H. ...</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Legal ...</u>	ADDRESS <u>El Dorado Springs</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED (Stamp)
Dist. File 10275-1772
Date Filed 10-10-24

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 Max W. Pickering

Licensed Embalmer No. 7686

P. O. Address El Dorado Springs

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.