

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keytesville
c. LENGTH OF STAY (in this place) All her life
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keytesville
d. FULL NAME OF HOSPITAL OR INSTITUTION 234 E. North St.
d. STREET ADDRESS (If rural, give location) 234 - E. North St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Chariton
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keytesville
d. STREET ADDRESS (If rural, give location) 234 - E. North St.

3. NAME OF DECEASED (Type or Print)
a. (First) Mary b. (Middle) Jane c. (Last) Elliott
4. DATE OF DEATH (Month) (Day) (Year) Feb. 25th, 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Jan. 12, 1865 9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months 1 Days 13 IF UNDER 24 HRS. Hours 13 Min. 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Housewife 11. BIRTHPLACE (State or foreign country) Keytesville, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Sterling Price Ewing 13b. MOTHER'S MAIDEN NAME Catherine Wright 14. NAME OF HUSBAND OR WIFE E. E. Elliott

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. None 17. INFORMANT'S SIGNATURE OR NAME Mrs. Tom Ball ADDRESS Keytesville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch myocarditis
INTERVAL BETWEEN ONSET AND DEATH Just Prior
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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 4222

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Feb 5, 1952, to Feb 25, 1952, that I last saw the deceased alive on Feb 22, 1952, and that death occurred at 8:30 a.m. from the causes and on the date stated above.

23a. SIGNATURE Carl C. Heger (Degree or title) M.D. 23b. ADDRESS Keytesville Mo. 23c. DATE SIGNED 2/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb. 27th, 1952 24c. NAME OF CEMETERY OR CREMATORY City Cemetery 24d. LOCATION (City, town, or county) (State) Keytesville, Mo.

DATE REC'D BY LOCAL REG. 2/28/52 REGISTRAR'S SIGNATURE [Signature] 55 FURNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Keytesville, Mo.

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

3210
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Libburn K Tillotson

Licensed Embalmer No. 4508

P. O. Address Salisbury 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.