

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25149**
Registrar's No. **54**

FILED AUG 11 1952

BIRTH NO. _____ REG. DIST. NO. **219** PRIMARY REG. DIST. NO. **5792**

1. PLACE OF DEATH a. COUNTY 0680 Moniteau			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-California RR-3		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - High Point		0680
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) Christina b. (Middle) Barbara c. (Last) Elliott			4. DATE OF DEATH (Month) (Day) (Year) August 1 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH May 10, 1962		9. AGE (In years last birthday) Months Days 90 2 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cole County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Phillip Reichall		13b. MOTHER'S MAIDEN NAME Lydia Lietzke		14. NAME OF HUSBAND OR WIFE Albert Glen Elliott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frank Scott Latham, Mo.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) general arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) old age			
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sementio zemilia			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Harrison Moniteau Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 **June 10, 1952**, to **Aug. 1, 1952**, that I last saw the deceased alive on **Aug. 6, 1952**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Francis Janylar M.D.		23b. ADDRESS California, Mo.		23c. DATE SIGNED Aug. 6. 52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 7 - 52	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Rural California, Missouri	
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DATE REC'D BY LOCAL REG. Aug 8, 52		REGISTRAR'S SIGNATURE W.H. Popejoy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hugh E. McElwain California	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Card about

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 Hugh E. Williams

Signed.....
Student Embalmer

Licensed Embalmer No. 3537

P. O. Address California 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.