

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27515

FILED SEP 8-1952

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 5299 Registrar's No. 69

250

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

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY CLINTON	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL (LATHROP TOWNSHIP)		c. CITY (If outside corporate limits, write RURAL and give township) RURAL (LATHROP TOWNSHIP)	
c. LENGTH OF STAY (in this place) 294		d. STREET ADDRESS (If rural, give location) 0250	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) EDNA b. (Middle) L. c. (Last) ELLIOTT			4. DATE OF DEATH (Month) (Day) (Year) aug - 25 - 1952		
5. SEX FEMALE		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH FEB. 16 - 1900		9. AGE (In years last birthday) 52		10. UNDER 1 YEAR Months 6	
11. BIRTHPLACE (State or foreign country) STETT, MO.		12. CITIZEN OF WHAT COUNTRY U.S.		13. IF UNDER 18 HRS. Days 9 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) STETT, MO.	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME OSWALD R. DORSEY		13b. MOTHER'S MAIDEN NAME MARTHA J. CARR	
13c. NAME OF HUSBAND OR WIFE REG. T. ELLIOTT		14. NAME OF HUSBAND OR WIFE REG. T. 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 ADDRESS REG. T. ELLIOTT, LATHROP, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Cervix			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X		INTERVAL BETWEEN ONSET AND DEATH 4 Mo			
III. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Malignant Polyp Intestines		DUE TO (b) Malignant Polyp Intestines			
		DUE TO (c)			

19a. DATE OF OPERATION Mar 1902		19b. MAJOR FINDINGS OF OPERATION Malignant Polyp Intestines			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		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) (Min.)		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 **Mar, 1952** to **aug - 25, 1952**, that I last saw the deceased alive on **Aug 25, 1952** and that death occurred at **8:40 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Scholtes M.D.		23b. ADDRESS Plattburg Mo		23c. DATE SIGNED Aug 26 '52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Aug - 28 - 1952		24c. NAME OF CEMETERY OR CREMATORY Lathrop Cemetery		24d. LOCATION (City, town, or county) (State) Lathrop Mo	
DATE REC'D BY LOCAL REG. 9-2-52		REGISTRAR'S SIGNATURE Winifred W. Moser		25. FUNERAL DIRECTOR'S SIGNATURE Wm. C. Cannon		ADDRESS Mo.	

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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lathrop, 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.