

LED SEP 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30778

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 1000
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Brown		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (If in this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hiawatha 8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Metho. Hospital		d. STREET ADDRESS (If rural, give location) 8		
3. NAME OF DECEASED (Type or Print) a. (First) LEMUEL		b. (Middle) P.	c. (Last) ELLIOTT	
4. DATE OF DEATH (Month) (Day) (Year) SEPT 12, 1952				
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married /	8. DATE OF BIRTH Aug 30, 1883	9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10b. KIND OF BUSINESS OR INDUSTRY Feed Company	11. BIRTHPLACE (State or foreign country) Jefferson, Iowa /	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Lemuel S. Elliott		13b. MOTHER'S MAIDEN NAME Adeline Harvey	14. NAME OF HUSBAND OR WIFE Eleanor 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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Eleanor Elliott, Hiawatha, Ks.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral laceration and hemorrhage ANTECEDENT CAUSES DUE TO (b) Skull fracture DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Multiple contusions, abrasions and fractures, comp. rt tibia and fibula		INTERVAL BETWEEN ONSET AND DEATH 2 hrs 2 hrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) Suicide Homicide Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Washington Twsp, Buchanan, Missouri		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-12-52 11:30AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto accident		
22. I hereby certify that I attended the deceased from 9-12-52, 19__ to 9-12-52, 19__, that I last saw the deceased alive on 9-12-52, 19__, and that death occurred at 11:15P m., from the causes and on the date stated above.				
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS 420 No. 8th St., St. Joseph		23c. DATE SIGNED 9-13-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-13-52	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Jefferson, Iowa
DATE REC'D BY LOCAL REG. Sept 23, 1952	REGISTRAR'S SIGNATURE [Signature] 446-3		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Bowman, St. Joseph, Mo.	

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

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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.

Signed Eugene Wood

Signed
Student Embalmer

Licensed Embalmer No. 3804

P. O. Address 319 So. 10th St. Joplin

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.