

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38288**

Dr. Hall
FILED NOV 24 1952

BIRTH NO. _____		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>2000</u>	Registrar's No. <u>1026</u>
1. PLACE OF DEATH a. COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>		
b. CITY OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ava</u> <u>1340</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>		
3. NAME OF DECEASED (Type or Print) <u>SYNTHIA E. ELLIOTT</u>		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH <u>11-17-52</u>		4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11-5-1890</u>	9. AGE (In years last birthday) <u>62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Douglas Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Pettyjohn</u>		
13b. MOTHER'S MAIDEN NAME <u>Schofield</u>		14. NAME OF HUSBAND OR WIFE <u>Timothy D. Elliott</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Laura Hall</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u>		ANTECEDENT CAUSES		<u>3 days</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Cholecystitis</u>		<u>3 mo</u>
DUE TO (c) <u>Suprarenal abscess</u>		II. OTHER SIGNIFICANT CONDITIONS		<u>7 days</u>
Conditions contributing to the death but not related to the disease or condition causing death. <u>Similarity 584X</u>		19a. DATE OF OPERATION <u>11/16/52</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION <u>Cholecystitis, cholelithiasis, abscess</u>		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)		21d: TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>11/15/52</u> , 19 <u>52</u> , to <u>11/17/52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11/17/52</u> , 19 <u>52</u> , and that death occurred at <u>4:30 Am.</u> , from the causes and on the date stated above.		
23a. SIGNATURE (Degree or title) <u>Dr. Howard G. Hall M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>NOV 18 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 19-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dobbs Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Ava, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clint Kingbeard, Funeral Home</u>		
DATE REC'D BY LOCAL REG. <u>11-14-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ava, Missouri</u>

(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.