

FILED FEB 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2201

State File No. _____
Registrar's No. 28

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

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| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal, Missouri</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Center, Missouri</u> | |
| c. LENGTH OF STAY (In this place) <u>2 DAYS</u> | | d. STREET ADDRESS (If rural, give location) <u>Center, Missouri</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>Edward</u> c. (Last) <u>Elliott</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 24, 1953</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>July 2, 1869</u> | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR: Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Robert C. Elliott</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizah Reed</u> | 14. NAME OF HUSBAND OR WIFE <u>Catherine Elizabeth Elliott</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Catherine Elliott</u> | ADDRESS <u>Center, Mo.</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal uremia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>?</u> <u>1</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ca of Sigmoid</u> | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u> | | | |

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| 19a. DATE OF OPERATION <u>Jan 22-53</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Ca of Sigmoid S @ destruction</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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 Jan 22, 1953, to Jan 24, 1953, that I last saw the deceased alive on Jan 24, 1953 and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Hannibal, Missouri</u> | 23c. DATE SIGNED <u>1-30-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan. 27, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Ralls County, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>1-30-53</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____ |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

344
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430-53
7-30-53

RECEIVED FEB 2 1953
MARION CO. HEALTH DEPT.
DATE FILED FEB 2 1953

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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.