

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **3051**  
Registrar's No. **0099**

FILED JAN 28 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wilson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Neodesha</b>		<b>8150</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Frisco Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Indiana Street.,</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>CHARLES</b>		b. (Middle) <b>L.</b>		c. (Last) <b>ELLIOTT</b>	
4. DATE OF DEATH		(Month) <b>JAN.</b>		(Day) <b>2.</b>		(Year) <b>1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov 1 1887</b>		9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Roadmaster</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Frisco R.R.</b>		11. BIRTHPLACE (State or foreign country) <b>Mulberry, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>W. I. Elliott</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Condiff</b>		14. NAME OF HUSBAND OR WIFE <b>Pearle Elliott</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>702-03-7480</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Pearle Elliott, Joplin, Missouri.</b>			
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) <b>Leukemia, Lymphatic, Acute</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <b>8 weeks</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) _____			
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? <b>2040</b>			
22. I hereby certify that I attended the deceased from <b>Jan 1, 1953</b> , to <b>Jan 2, 1953</b> , that I last saw the deceased alive on <b>Jan 2, 1953</b> , and that death occurred at <b>8:15 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Frank J. Mangano MD</b>		(Degree or title)		23b. ADDRESS <b>4960 Lucile</b>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-3-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Neodesha, Kansas</b>		24d. LOCATION (City, town, or county) (State) <b>Neodesha, Kansas</b>	
DATE REC'D BY LOCAL REG. <b>JAN 5 1953</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe, 4700 Washington</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 10 1963

MAR 6 1963

### 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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Edmond R. Penick

Licensed Embalmer No. 4283

P. O. Address

St. Louis, 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.