

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6593**

FILED MAR 9 - 1953

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 13

0502

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

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>JEFF.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>DE SOTO</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>DE SOTO</b>	
c. LENGTH OF STAY (In this place) <b>77 years</b>		d. STREET ADDRESS (If rural, give location) <b>722 ST. LOUIS ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>722 ST. LOUIS ST.</b>			

3. NAME OF DECEASED a. (First) <b>LOUIE</b> b. (Middle) <b>MILLARD</b> c. (Last) <b>ELLIOT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 24, 1953</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>JUNE 9, 1875</b>		9. AGE (In years last birthday) <b>77</b>		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>RET. LUMBER WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LUMBER YARD</b>		11. BIRTHPLACE (State or foreign country) <b>DE SOTO MO.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>JAMES ELLIOT</b>		13b. MOTHER'S MAIDEN NAME <b>ELLEN</b>		14. NAME OF HUSBAND OR WIFE <b>Hella Elliot</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>494-01-2913</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hella Elliot</b>	
				ADDRESS <b>De Soto Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>3y00.</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Liver</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) <b>1561</b>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death <b>Dr. Carl M. Kinship Patient</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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			

22. I hereby certify that I attended the deceased from 2/24, 1953, to 2/24, 1953, that I last saw the deceased alive on 2/24, 1953, and that death occurred at 8 p. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Charles E. Zeller</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>De Soto Mo</b>		23c. DATE SIGNED <b>2/20/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB 26 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WOODLAWN PARK</b>		24d. LOCATION (City, town, or county) (State) <b>DE SOTO MO</b>	
DATE REC'D BY LOCAL REG. <b>3-2-53</b>		REGISTRAR'S SIGNATURE <b>Marie Garrison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Donnell B. ...</b>		ADDRESS <b>De Soto</b>	

MAR 10 1953

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED MAR 4 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.....

Licensed Embalmer No. 4104

P. O. Address Lebo 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.