

FILED APR 1 1953

STANDARD CERTIFICATE OF DEATH

10985

State File No.

0850

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

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5984 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>PULASKI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PULASKI</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richland-Liberty Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richland-Liberty Township</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Rural Route # 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route # 3</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Route # 3</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ISAAC</u> b. (Middle) <u>E</u> c. (Last) <u>Elliott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 19 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>Oct. 4, 1877</u>
9. AGE (In years last birthday) <u>75</u>	10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years if UNDER 1 YEAR last birthday) Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>SEDALIA MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Richard Elliott</u>		13b. MOTHER'S MAIDEN NAME <u>NANNIE NEAL</u>	
14. NAME OF HUSBAND OR WIFE <u>GERTRUDE Elliott</u>		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>491-07-7251</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude Elliott</u>	
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.		19. ADDRESS <u>Richland</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY HEART DISEASE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 YR.</u>	
ANTECEDENT CAUSES Morbid 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. _____ ✓			
19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>	
22. I hereby certify that I attended the deceased from <u>MAR 19, 1953</u> , to <u>July</u> , 19____, that I last saw the deceased alive on <u>MAR 19, 1953</u> , and that death occurred at <u>10:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John A. Mikalovich D.D.</u>		23b. ADDRESS <u>Crocker Mrs</u>	
23c. DATE SIGNED <u>3-23-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/23/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK LAWN</u>	24d. LOCATION (City, town, or county) (State) <u>Richland MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>3-23-53</u>	REGISTRAR'S SIGNATURE <u>Charles Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R.B. Dupree</u>	
ADDRESS <u>Richland</u>		ADDRESS <u>Richland</u>	

(Licensed Embalmer's Statement on Reverse Side)

Date Filed 3-28-53
Member
Seal County Health Officer
RECEIVED 3-23-53

APR 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Ernest Craig

Signed.....
Student Embalmer

Licensed Embalmer No. 14766

P. O. Address Richland

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.