

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **13535**

FILED **MAY 6 1953**
 BIRTH NO. _____ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **3011** Registrar's No. **41**

0171
 1

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

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Carroll	
b. CITY OR TOWN Carrollton	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton 0171	
d. FULL NAME OF HOSPITAL OR INSTITUTION 307 So. Folger		d. STREET ADDRESS (If rural, give location) 307 So. Folger	

3. NAME OF DECEASED (Type or Print) a. (First) ROSA b. (Middle) - c. (Last) ELLIOTT			4. DATE OF DEATH (Month) (Day) (Year) Apr. 24 1953		
---	--	--	--	--	--

5. SEX Fe	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 30, 1863		9. AGE (In years) (If under 1 year last birthday) (If under 1 year) (If under 1 year) (Hours) (Min.) 89	
------------------	----------------------------	---	--------------------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Jacksonville Ill. U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
--	--	---	--	---	--	--	--

13a. FATHER'S NAME George Dorner		13b. MOTHER'S MAIDEN NAME Eleanor Reiter		14. NAME OF HUSBAND OR WIFE Es. W. Elliott			
---	--	---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dawson Boudester, Hale, Mo.			
--	--	-------------------------------------	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis				5 yrs	
		- 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		19b. MAJOR FINDINGS OF OPERATION		4200		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) (Min.)		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**, 19**49**, to **April 23**, 19**53**, that I last saw the deceased alive on **April 23**, 19**53**, and that death occurred at **3A** m., from the causes and on the date stated above.

23a. SIGNATURE John H. Laty (Degree or title) M.D.		23b. ADDRESS Carrollton, Missouri		23c. DATE SIGNED 4/25/53	
--	--	--	--	---------------------------------	--

24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE Apr. 26 1953		24c. NAME OF CEMETERY OR CREMATORY Bealy Cem.		24d. LOCATION (City, town, or county) (State) Carroll Co. Mo.	
--	--	-------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. 4/26/53		REGISTRAR'S SIGNATURE Mr. Herbert Calver		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stanley Gibson, Carrollton Mo.			
---	--	---	--	---	--	--	--

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.