

FILED JUN 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20505**

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> <u>1082</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1003 North Clay</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mitchel</u>	b. (Middle) <u>Morris</u>	c. (Last) <u>Elliott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 1953</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 26 1900</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hospital attndt.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>State Hospital</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>No. 3 Vernon Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Eutopia Mitchel Elliott</u>	13b. MOTHER'S MAIDEN NAME <u>Collins</u>	14. NAME OF HUSBAND OR WIFE <u>Vergie M. Elliott</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>524-14-5165</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Vergie M. Elliott</u>	ADDRESS <u>1003 N. Clay Nevada, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured abdominal Aortic Aneurysm</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Auricular fibrillation</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>451X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from 3/11, 1952, to 5/26, 1952, that I last saw the deceased alive on 5/26, 1952, and that death occurred at 5 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. D. Morris, M.D.</u>	23b. ADDRESS <u>Nevada, Mo</u>	23c. DATE SIGNED <u>5/28/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 29 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-2-53</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry 451</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home</u>	ADDRESS <u>Nevada, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *[Signature]*

Licensed Embalmer No. 1760

P. O. Address Nevada 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.