

FILED JUL 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20741

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 746

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 35 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		e 117
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			d. STREET ADDRESS (If rural, give location) 701 Faraon Street Apt 203 0		
3. NAME OF DECEASED (Type or Print) a. (First) Katie		b. (Middle) Frances		c. (Last) Elliott	
4. DATE OF DEATH July 2, 1953		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH October 1, 1877		9. AGE (in years last birthday) 75	
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY Public schools		11. BIRTHPLACE (City and State or Foreign Country) Clay County, Missouri. e	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Lewis Elliott		13b. MOTHER'S MAIDEN NAME Adelia Williams	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Arthur Elliott		ADDRESS Independence, Mo.			
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i>		
			INTERVAL BETWEEN ONSET AND DEATH 3		
			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. <i>Anaemia per.</i>		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 410X		
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) m.		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 <i>3/11</i> , 19 <i>50</i> , to <i>7/2</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>7/1</i> , 19 <i>53</i> , and that death occurred at <i>8:00P</i> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>James H. Nardigan M.D.</i>			23b. ADDRESS <i>620 Morris Dr</i>		23c. DATE SIGNED <i>7/6/53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>July 5, 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Walnut Grove Cemetery</i>	
				24d. LOCATION (City, town, or county) (State) <i>Parkville, Missouri.</i>	
DATE REC'D BY LOCAL REG. <i>July 8, 1953</i>		REGISTRAR'S SIGNATURE <i>Loethen M. Allison</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Meierhoffer - H. Lemmer</i> ADDRESS <i>St. Joseph, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

[JUN 22 1954,

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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 *Ellert C. Harrington*

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.