

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22402**

FILED JUL 6 - 1953

BIRTH NO.

REG. DIST. NO. **274**PRIMARY REG. DIST. NO. **2052**Registrar's No. **2145****2145**

804

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

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. CITY OR TOWN <b>Sedalia</b>	
c. LENGTH OF STAY (in this place) <b>4 yrs</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1307 W. 3rd</b>		e. STREET ADDRESS (If rural, give location) <b>1307 W. 3rd 0.804</b>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <b>Roy</b>		b. (Middle) <b>Elliott</b>	
c. (Last) <b>Elliott</b>		5. SEX <b>Male</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>June 3 - 1889</b>		9. AGE (in years last birthday) <b>64</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ry</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Marion Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Wm Elliott</b>		13b. MOTHER'S MAIDEN NAME <b>Belle Tensel</b>	
14. NAME OF HUSBAND OR WIFE <b>Lillie Elliott</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>704-12-4725</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Lillie Elliott</b>	
18. ADDRESS <b>Sedalia</b>		19. CAUSE OF DEATH	
18a. Enter only one cause per line for (a), (b), and (c)		18b. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Prod Sudden</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Hypertensive Heart disease</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE <b>And Cardiac Hypertrophy</b>	
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 <b>4/201</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>June 21, 1953</b> , to <b>June 24, 1953</b> , that I last saw the deceased alive on <b>June 20, 1953</b> , and that death occurred at <b>8:15 a.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>A. J. Walter M.D.</b>		23b. ADDRESS <b>Sedalia Mo</b>	
23c. DATE SIGNED <b>6-26-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>6-26-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	
24d. LOCATION (City, town, or county) (State) <b>Sedalia Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>M<sup>c</sup>Laughlin Bros</b>	
DATE REC'D BY LOCAL REG. <b>6-26-53</b>		REGISTERAR'S SIGNATURE <b>A. J. Campbell</b>	
25. ADDRESS <b>Sedalia</b>		25. (Licensed Embalmer's Statement on Reverse Side)	

JUL 8 1953

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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.....  
Signature of Student Embalmer

Signed..... *K.P.M. Crary*

Licensed Embalmer No. *318*

P. O. Address..... *Sedalia*

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.