

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24419**

FILED JUL 27 1953

BIRTH NO.

REG. DIST. NO. **128**PRIMARY REG. DIST. NO. **2000**Registrar's No. **662-C**

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Greene				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Park Grove		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital				e. STREET ADDRESS (If rural, give location) 0390				
3. NAME OF DECEASED (Type or Print) a. (First) Lewis b. (Middle) James c. (Last) Elliott			4. DATE OF DEATH (Month) (Day) (Year) 7 15-53					
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 18 1874		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Bois Dore, Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Elijah Elliott		13b. MOTHER'S MAIDEN NAME Mary Walker		14. NAME OF HUSBAND OR WIFE Aura Burrow				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 123456789		17. INFORMANT'S SIGNATURE OR NAME Dessie Johnson, Ash Grove Mo. ADDRESS				
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) Cerebral thrombosis					INTERVAL BETWEEN ONSET AND DEATH 2 months	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis						
		DUE TO (c) Generalized arteriosclerosis, severe.						
		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 332X					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 July 2, 1953 to July 15, 1953 , that I last saw the deceased alive on July 15, 1953 , and that death occurred at 7:00 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) D. M. K. Wagner M.D.				23b. ADDRESS 1630 N. Jefferson		23c. DATE SIGNED 7-18-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-18-53	24c. NAME OF CEMETERY OR CREMATORY Propect Cemetery		24d. LOCATION (City, town, or county) (State) Greene County Mo.			
DATE REC'D BY LOCAL REG. 7-21-53		REGISTRAR'S SIGNATURE Taith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE Drum Daniel Ash Grove Mo. ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 4702

P. O. Address Ash Grove

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.