

FILED DEC 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **39027**
 Registrar's No. **5433**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5433		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 6 days		c. CITY OR TOWN Camden		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				e. STREET ADDRESS (If rural, give location) Kansas-City, Mo. 0890				
3. NAME OF DECEASED (Type or Print) a. (First) Kenneth		b. (Middle) Earl		c. (Last) Elliotte		4. DATE OF DEATH (Month) (Day) (Year) 11 16 53		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7/18/1911		
9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Days		Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter			10b. KIND OF BUSINESS OR INDUSTRY Paint Contractor		11. BIRTHPLACE (City and State or Foreign Country) Richmond, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Henry Lee Elliotte			13b. MOTHER'S MAIDEN NAME Effie Kirtley			14. NAME OF HUSBAND OR WIFE Lena Elliotte		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. World War 2			16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lena Elliotte (Wife) Camden, 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) Sublethal Hemorrhage 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.					INTERVAL BETWEEN ONSET AND DEATH 840 23 9	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident tower light station		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Kansas City Jackson, Mo.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 123 (STATE)		21d. HOW DID INJURY OCCUR? fell from a scaffold		
21d. TIME OF INJURY 11-10 53		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23. SIGNATURE Hugh H. Owens (Degree or title) Coroner				23b. ADDRESS 1034 Piatt Bldg		23c. DATE SIGNED 11-17-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/18/53		24c. NAME OF CEMETERY OR CREMATORY South Point Cemetery		24d. LOCATION (City, town, or county) (State) Orrick, Mo.		
DATE REC'D BY LOCAL REG. 11-17-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS George C. Lyle Richmond, Mo.				

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

FEB 19 1954

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 *[Handwritten Signature]*.....
Licensed Embalmer No.

P. O. Address *[Handwritten Address]*

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.