

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43354

FILED DEC 23 1953

State File No. _____
Registrar's No. 568

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived - If institution: residence before admission) b. STATE <u>Missouri</u> c. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Joplin Missouri</u>) c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY OR TOWN <u>Asbury</u> 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 <u>Joplin General Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0490 / 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Newton</u>	b. (Middle) <u>Alfred</u>	c. (Last) <u>Elliott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-16-53</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>10-30-71</u>	9. AGE (In years last birthday) <u>82</u>	10. MONTHS <u>1</u>	11. DAYS <u>16</u>	12. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Brown County Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>William E. Elliott</u>	13b. MOTHER'S MAIDEN NAME <u>Maria Elliott</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>W.O. Elliott-Asbury</u>	ADDRESS <u>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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute respiratory failure</u> <u>coronary occlusion</u>		<u>1 hr.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>2 weeks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>myocardial hypertrophy</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <u>4201</u>
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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? _____
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22. I hereby certify that I attended the deceased from May, 1946, to Dec. 16, 1953, that I last saw the deceased alive on 12-15, 1953, and that death occurred at 5:45 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree of title) _____	23b. ADDRESS <u>Asbury Missouri</u>	23c. DATE SIGNED <u>12-16-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/18/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Waco Cemetery</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>12-18-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 21 1953

RECEIVED

Jasper County Health Office

County File Number 53-12-1025

Date Filed DEC 21 1953

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 Dwight E. Amos

Licensed Embalmer No. 4463

P. O. Address WEL City

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.