

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 4th 1954

State File No. **43624**

BIRTH NO. _____		REG. DIST. NO. <u>209</u>	PRIMARY REG. DIST. NO. <u>3043</u>	Registrar's No. <u>435</u>
1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u>		
b. CITY OR TOWN <u>HANNIBAL</u>		c. CITY OR TOWN <u>Rural, WARRENTOWNSHIP</u>		
c. LENGTH OF STAY (in this place) <u>1 DAY</u>		d. STREET ADDRESS (If rural, give location) <u>Monroe City, RFD, 3</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STELIZABETH HOSP.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MILDRED</u>		b. (Middle) <u>EILEEN</u>		c. (Last) <u>ELLIOTT</u>
		4. DATE OF DEATH <u>DECEMBER 23</u>		(Month) (Day) (Year) <u>1953</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>JULY 11 1908</u>	9. AGE (In years last birthday) <u>45</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ROLLS COUNTY MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>HOWARD TULEY</u>		13b. MOTHER'S MAIDEN NAME <u>RACHEL HARTIGAN</u>		14. NAME OF HUSBAND OR WIFE <u>ROY ELLIOTT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roy Elliott</u> ADDRESS <u>Monroe City, Mo 64704</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		DUE TO (b) <u>Rupture both uterine ligaments</u> <u>2 hrs.</u>		
		DUE TO (c) <u>Rupture small bowel mesentery</u> <u>2 hrs.</u>		
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
19a. DATE OF OPERATION <u>12-23-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>See Cause of death</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>5 mi East of Monroe City, Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Monroe City</u> (STATE) <u>Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-23-1953 8:50 am</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>auto collision</u>
22. I hereby certify that I attended the deceased from <u>11-4-53</u> , to <u>12-23-53</u> , that I last saw the deceased alive on <u>12-23-53</u> , and that death occurred at <u>11:20 am</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>H. L. Green</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>100 N. Sixth Hannibal, Mo.</u>		23c. DATE SIGNED <u>12-28-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-26-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOLY ROSARY Cemetery</u>
				24d. LOCATION (City, town, or county) (State) <u>Monroe City, Missouri</u>
DATE REC'D BY LOCAL REG. <u>12/28/53</u>		REGISTRAR'S SIGNATURE <u>M. C. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & SONS, Monroe City, Missouri.</u> ADDRESS

189-0 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 29 1953
MARION CO. HEALTH DEPT.
DATE FILED DEC 29 1953

NOV 18 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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City Mo

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.