

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5568**

BIRTH NO. **FILED FEB 23 1954** REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Neosho		c. LENGTH OF STAY (in this place) 35 YRS	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 Home 316 N. Wood St.		e. STREET ADDRESS (If rural, give location) 316 N. Wood St.	

3. NAME OF DECEASED (Type or Print) a. (First) GRANT b. (Middle) THOMAS c. (Last) ELLIOTT			4. DATE OF DEATH (Month) (Day) (Year) JAN 30 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 3-9 1870			9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 10 Days 21 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) Wentworth Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME JAMES ELLIOTT		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE AMELIA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Amelia Elliott	
				ADDRESS Neosho	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SENILITY & MENTION OF SENILE DEMENTIA		INTERVAL BETWEEN ONSET AND DEATH 8-12 mo. approx
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DISEASE OF THE CORONARY ARTERIES		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500		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 **1-3 1954**, to **1-30 1954**, that I last saw the deceased alive on **1-30 1954**, and that death occurred at **12:45 PM**, from the causes and on the date stated above.

23a. SIGNATURE Warren M. Jones (Degree or title) DO.		23b. ADDRESS Neosho, Mo.		23c. DATE SIGNED 2-1-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-1-54		24c. NAME OF CEMETERY OR CREMATORY BLACK FOX CEM EAST OF DIAMOND MO	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Melvin C. Bowman			
DATE REC'D BY LOCAL REG. 2-8-54		REGISTRAR'S SIGNATURE Melvin C. Bowman		ADDRESS CLARK-BIGHAM MORTUARY	

Neosho, Mo.

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

RECEIVED

District Health Officer No. _____

District File Number 254-24

Date Filed FEB 19 1954

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Jesse O. Sullivan, Jr.

Licensed Embalmer No. 464

P. O. Address Neosho

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.