

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7633**

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5019 Registrar's No. 13

No. 300
10-48
020
4

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

FILED MAR 16 1954

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. No. 1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> 0020 0	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Ford Nursing Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ford Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wadell</u> b. (Middle) <u>JAY</u> c. (Last) <u>Elliston</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-27-1954</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>2-28-1870</u>		9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR (Days) <u>11</u> IF UNDER 24 HRS. (Hours) <u>27</u> IF UNDER 24 MIN. (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Horse Trainer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lathrop Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>un known</u>		13b. MOTHER'S MAIDEN NAME <u>un known</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ann Crouch Savannah Mo</u>		ADDRESS <u>Savannah Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1200</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis general</u>		10 year	
		DUE TO (c) <u>Suicidality</u>			
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		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)		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 June 1, 1947, to 2-27, 1954, that I last saw the deceased alive on June 15, 1954, and that death occurred at 11:43 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Savannah Mo</u>		23c. DATE SIGNED <u>3-1-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-2-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Auburn</u>		24d. LOCATION (City, town, or county) (State) <u>St Joseph Mo</u>	
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DATE REC'D BY LOCAL REG. <u>3-2-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home Savannah Mo</u>		ADDRESS	
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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
Student Embalmer

Signed E. B. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Ga

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.