

FILED JUN 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17773**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 3000		Registrar's No. 182	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (in this place) 2 das		c. CITY OR TOWN Kirksville		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 Grim Smith				e. STREET ADDRESS (If rural, give location) 111 West Normal St. 00130			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) D.		c. (Last) Elliott		4. DATE OF DEATH (Month) (Day) (Year) June 26, 1954	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 19, 1866	
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Hours _____		IF UNDER 1 MRS. Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Coshocton Co., Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Bartley Elliott		13b. MOTHER'S MAIDEN NAME Prudence Dennis		14. NAME OF HUSBAND OR WIFE Lulu E. Anderson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lulu E. Elliott, Kirksville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) General debility of age DUE TO (c) arterio-sclerotic psychosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 36 hours E 9027 45 4 years	
19a. DATE OF OPERATION 6/25/54		19b. MAJOR FINDINGS OF OPERATION Open reduction, right hip				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital		21c. (CITY, TOWN, OR TOWNSHIP) Kirksville (COUNTY) Adair (STATE) Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 22 1954 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell out of bed.			
22. I hereby certify that I attended the deceased from 6/24 , 19 54 , to 6/25 , 19 54 , that I last saw the deceased alive on 6/25 , 19 54 , and that death occurred at 3:10 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) M.D.				23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 6/28/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/28/54		24c. NAME OF CEMETERY OR CREMATORY Maple Hills		24d. LOCATION (City, town, or county) (State) Kirksville, Mo.	
DATE REC'D BY LOCAL REG. 6-29-54		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Kirksville, Mo.	

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

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 *George W. Davatt*

Licensed Embalmer No. *4791*

P. O. Address *Kirksvill*

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.