

FILED AUG 31 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29608

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 163			
1. PLACE OF DEATH a. COUNTY <i>Wagon</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i>				b. COUNTY <i>Wagon</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Nevada</i>		c. LENGTH OF STAY (in this place) <i>57 years</i>		c. CITY OR TOWN <i>Nevada</i>		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 <i>Nevada City Hospital</i>				e. STREET ADDRESS (If rural, give location) <i>402 S. Cedar St.</i>					
3. NAME OF DECEASED (Type or Print) <i>FRANK</i>			a. (First)		b. (Middle)		c. (Last) <i>ELLIOTT</i>		
4. DATE OF DEATH (Month) (Day) (Year) <i>August 18 1954</i>		5. SEX <i>M</i>		6. COLOR OR RACE <i>Wh</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed 2</i>		8. DATE OF BIRTH (Last birthday) <i>Sept 24, 1895 78 11</i>	
9. AGE (In years)			IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Watchman</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>			11. BIRTHPLACE (City and State or Foreign Country) <i>Bay Co. Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>James M. Elliott</i>			13b. MOTHER'S MAIDEN NAME <i>Sarah Barbara Lawrence Elliott</i>			14. NAME OF HUSBAND OR WIFE <i>Lorene Elliott</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>496-03-5905</i>		17. INFORMANT'S SIGNATURE OR NAME <i>James M. Elliott</i>			ADDRESS <i>721 N. Cedar Nevada, Mo.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Heart failure</i>				ANTECEDENT CAUSES DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				12 hours	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Bronchial pneumonia</i> <i>Acute nephritis, unclassified</i>				4 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Upset acid base balance</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>Accident</i>		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 <i>Aug. 6</i> , 19 <i>54</i> , to <i>Aug. 18</i> , 19 <i>54</i> , that I last saw the deceased alive on <i>Aug. 18</i> , 19 <i>54</i> , and that death occurred at <i>9:50A m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>W. L. B. Gray M.D.</i>				23b. ADDRESS <i>Moore Building, Nevada, Mo.</i>			23c. DATE SIGNED <i>Aug. 21, 1954</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Aug. 21, 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Deepwood Cemetery Nevada</i>		24d. LOCATION (City, town, or county) (State) <i>Missouri</i>			
DATE REC'D BY LOCAL REG. <i>8-24-54</i>		REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i>		451 25. FUNERAL DIRECTOR'S SIGNATURE <i>Ferry Funeral Home</i>		ADDRESS <i>Nevada, Mo.</i>			

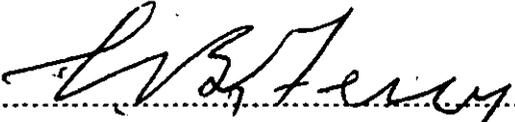
(Licensed Embalmers' Statement on Reverse Side)

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.....  


Licensed Embalmer No. 1760

P. O. Address... Nevada... Mi

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.