

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5764

FILED MAR 14 1955

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5927</u>		Registrar's No. <u>68</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u> <u>0800</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> <u>0800</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Greenledge Twp</u>		c. LENGTH OF STAY (in this place) <u>76 days</u>		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R2. Hundar</u>				e. STREET ADDRESS (If rural, give location) <u>R2. Hundar, Missouri</u>			
3. NAME OF DECEASED (Type or Print) <u>JESSIE BELLE ELLIOTT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 6 1955</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 25 1878</u>	9. AGE (In years last birthday) <u>76</u>	if UNDER 1 YEAR Months	if UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Pettis County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph C. Elliott</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wickham</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sallie Henry R2. Hundar, Mo</u>			
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>Carcinoma of breast</u> ANTECEDENT CAUSES <u>Myocardial infarction</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> <u>3 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153 X</u>				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 <u>Jan 17, 1955</u> to <u>Mar 6, 1955</u> , that I last saw the deceased alive on <u>Jan 17, 1955</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. J. Jennings M.D.</u>				23b. ADDRESS <u>Hundar, Mo</u>		23c. DATE SIGNED <u>MAR 8-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-8-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>		24d. LOCATION (City, town, or county) (State) <u>Hundar, Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-8-55</u>		REGISTRAR'S SIGNATURE <u>Lavinia Cooney</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Huston Turner Hundar, Mo</u>			

WRITE PLAINLY—USING UNFAADING 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 *William W. Turner*

Licensed Embalmer No. *469*

P. O. Address *London*

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.