

FILED JUN 21 1955

STANDARD CERTIFICATE OF DEATH

State File No. 20872

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

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 92	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		17820	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died in the Home</u>				d. STREET ADDRESS (If rural, give location) <u>608 E. Sycamore</u>			
3. NAME OF DECEASED (Type or Print) <u>Anna</u>		a. (First)		b. (Middle)		c. (Last) <u>Elliott</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 10-1955</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>March 31-1865</u>		9. AGE (in years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Moffitt</u>	
13b. MOTHER'S MAIDEN NAME <u>Knight</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.</u>		16. SOCIAL SECURITY NO. <u>74</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Velma Richter, Bolivar, Mo.</u>		17. ADDRESS		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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>			
ANTECEDENT CAUSES 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. <u>Advanced age.</u>			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada Vernon Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>None</u>		22. I hereby certify that I attended the deceased from <u>June 10, 1955</u> , to <u>June 10, 1955</u> , that I last saw the deceased alive on <u>June 10, 1955</u> and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.				23a. SIGNATURE <u>W. Love MD</u> (Degree or title)	
23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>6-11-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed to Burial</u>		24b. DATE <u>June 11-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Staff Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bolivar, Polk Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>6-17-1955</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Pitts Funeral Home</u>		ADDRESS <u>Bolivar, Mo.</u>		(Licensed Embalmers' Statement on Reverse Side)			

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 \_\_\_\_\_

*Not Embalmed*  
working under my personal supervision. *By Request* Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *Sidney G. Pitts*

Licensed Embalmer, No. *4939*

P. O. Address *Bolivar, Mo.*

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.