

FILED SEP 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. **28823**

BIRTH NO.		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 272	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (If in this place) 8 Hrs		c. CITY OR TOWN La Plata		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 Grim Smith Memorial Hosp				e. STREET ADDRESS (If rural, give location) 7 Miles West of La Plata, Mo.			
3. NAME OF DECEASED (Type or Print)		a. (First) Lowell		b. (Middle) Curtis		c. (Last) Elliott	
4. DATE OF DEATH		(Month) Sept		(Day) 16		(Year) 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 24, 1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 2 Days 22	IF UNDER 1 YEAR Hours 8 Min. 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (City and State or Foreign Country) Near La Plata, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME H.S. Elliott			13b. MOTHER'S MAIDEN NAME Emma Curtis		14. NAME OF HUSBAND OR WIFE Hazel Elliott		
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. 492-40-7046		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Hazel Elliott, La Plata, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Occlusion				INTERVAL BETWEEN ONSET AND DEATH 8 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.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4201					
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 9-15, 1955 to 9-16, 1955 , that I last saw the deceased alive on 9-15, 1955 and that death occurred at 4:20 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.D. Kirkville, Mo.				23b. ADDRESS Kirkville, Mo.		23c. DATE SIGNED 9-21-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 18, 1955		24c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery		24d. LOCATION (City, town, or county) (State) La Plata, Mo.	
DATE REC'D BY LOCAL REG. 9-23-55		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE O'Connell, M. Wilson		ADDRESS La Plata, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 25 1955

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 *Henneryn Wilson*

Licensed Embalmer No..4701..

P. O. Address La Plata, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.