

ELLIOTT
FILED MAR 5 1956

STANDARD CERTIFICATE OF DEATH

7709
State File No. 34
REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 34

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

1. PLACE OF DEATH a. COUNTY SALINE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SALINE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARSHALL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SWEET SPRINGS	
d. FULL NAME OF HOSPITAL OR INSTITUTION MODERN REST HOME		d. STREET ADDRESS (If rural, give location) 205 DAISY	
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) EDWARD c. (Last) ELLIOTT		4. DATE OF DEATH (Month) (Day) (Year) FEB. 25, 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 13, 1864
9. AGE (In years last birthday) 91		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) PETTIS COUNTY, MO
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME JOHN M. ELLIOTT		13b. MOTHER'S MAIDEN NAME ELIZA SCOTT	
14. NAME OF HUSBAND OR WIFE MYRTLE HERNDON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. G. E. ELLIOTT ADDRESS Sweet Springs, Mo	
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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic cardiovascular dis.			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. benign prostatic hypertrophy			
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) (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 Jan. 1950 , to 25 Feb. 1956 that I last saw the deceased alive on 23 Feb. 1956 and that death occurred at 11:40 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ralph Jones M.D.		23b. ADDRESS Marshall, Mo	23c. DATE SIGNED 2-25-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 27, 1956	24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW	24d. LOCATION (City, town, or county) (State) Sweet Springs, Mo
DATE REC'D BY LOCAL REG. Feb. 27-56	REGISTRAR'S SIGNATURE Cecil J. Peab. Deputy	25. FUNERAL DIRECTOR'S SIGNATURE L. F. Parker ADDRESS Sweet Springs, Mo	

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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
Student Embalmer

Signed L. F. Parker

Licensed Embalmer No. 3840

P. O. Address: Sweet Springs, 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.