

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 9 - 1956

State File No. 9873

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Moniteau Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, MO Walker		c. LENGTH OF STAY (in this place) 3 yrs	c. CITY OR TOWN California
d. FULL NAME OF HOSPITAL OR INSTITUTION 810 N Oak St		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 810 N Oak St		068/0	

3. NAME OF DECEASED (Type or Print) a. (First) Albert	b. (Middle)	c. (Last) Elliott	4. DATE OF DEATH (Month) (Day) (Year) Apr 2 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 9, 1868
9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 24	IF UNDER 12 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	10b. KIND OF BUSINESS OR INDUSTRY farmer	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Bryl Elliott	13b. MOTHER'S MAIDEN NAME Margaret Bryant	14. NAME OF HUSBAND OR WIFE Rosie Elliott
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Harold J. Hunt	ADDRESS Harbill MO
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) epilepsy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterio-sclerosis		
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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) California Moniteau MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Mar 31, 1956**, to **Apr 2, 1956**, that I last saw the deceased alive on **Apr 2, 1956**, and that death occurred at **7:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE D. W. Bauman	(Degree or title) D.O.	23b. ADDRESS California, Mo.	23c. DATE SIGNED 4/2/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr 4, '56	24c. NAME OF CEMETERY OR CREMATORY New Hope Cenetry	24d. LOCATION (City, town, or county) (State) Centertown, Missouri
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DATE REC'D BY LOCAL REG. 4/4/56	REGISTRAR'S SIGNATURE L. P. Papey	25. FUNERAL DIRECTOR'S SIGNATURE Carl J. Koolin	ADDRESS California, Mo.
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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 *Jack H. Bawlin*

Licensed Embalmer No. *49*

P. O. Address *California*

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.