

FILED JUN 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16192

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. \$229 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>New Franklin</u>		c. CITY OR TOWN <u>New Franklin</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>15 yrs.</u>		STREET ADDRESS (If rural, give location) <u>112 N. Union</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 112 N. Union</u>			

3. NAME OF DECEASED a. (First) <u>Roscoe</u> b. (Middle) <u>RAYMOND</u> c. (Last) <u>ELTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 - 56</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 24 - 1895</u>	9. AGE (In years last birthday) <u>60</u>	10. IF UNDER 1 YEAR Months _____	11. IF UNDER 2 HRS. Days _____ Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>M.K.J. R.R. Co</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Sedalia Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Harry W. Elton</u>	13b. MOTHER'S MAIDEN NAME <u>Malinda Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Gene E. Elton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>Yes World War I</u>	16. SOCIAL SECURITY NO. <u>703-05-4106</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Elton</u> ADDRESS <u>New Franklin</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma lungs</u>		INTERVAL BETWEEN DEATH AND DEATH <u>1 yr</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>Carcinoma nose</u>		

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) <u>160X</u>
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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? _____
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22. I hereby certify that I attended the deceased from July, 1955, to May 26, 1956, that I last saw the deceased alive on May 26, 1956 and that death occurred at 8:45 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>M. L. Shell</u> (Degree or title) _____	23b. ADDRESS <u>Tayette, Mo</u>	23c. DATE SIGNED <u>5/28/56</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 28 - 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5/28/56</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Hall</u> ADDRESS <u>New Franklin</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

JUN 12 1959

SEP 1 1960

JUN 22 1958

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 *L. L. Hall*.....

Licensed Embalmer No. *35*

P. O. Address *New Fra*

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.