

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17270

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 305B Registrar's No. 103

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps <u>0812</u>				
b. CITY (If outside corporate limits, write RURAL and give township) Rolla		c. LENGTH OF STAY (In this place) 18 Years		c. CITY OR TOWN Rolla		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>0</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 205 South Spilman								
3. NAME OF DECEASED a. (First) LULA (Type or Print)			b. (Middle) MAY		c. (Last) ELLIOTT		4. DATE OF DEATH (Month) (Day) (Year) 28 May 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 17 March 1879		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 2 Days 11	IF UNDER 24 HRS. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Phelps County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME David C. Elliott			13b. MOTHER'S MAIDEN NAME Rachael Scott		14. NAME OF HUSBAND OR WIFE Never Married.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No XX			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sam Elliott, 205 Spilman...Rolla, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction				INTERVAL BETWEEN ONSET AND DEATH 2 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) colony of bacteria				DUE TO (c) Senility and Obesity				2 hours
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION NA		19b. MAJOR FINDINGS OF OPERATION NA						
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NA		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NA		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NA		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) NA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? NA				
22. I hereby certify that I attended the deceased from May 27, 1956 , to May 28, 1956 , that I last saw the deceased alive on 28 May, 1956 and that death occurred at 11:30P m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Admiral D. Burt				23b. ADDRESS Mad Hull Building, Rolla, Mo		23c. DATE SIGNED May 31, 1956		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 31 May 1956	24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery		24d. LOCATION (City, town, or county) (State) Rolla, Missouri			
DATE REC'D BY LOCAL REG. May 31, 1956		REGISTRAR'S SIGNATURE Nadina L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE Null & Sons Funeral Home By Paul E. Null		ADDRESS Rolla, Mo.,		

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

RECEIVED

Phelps County Health Officer,

County File Number 429

Date Filed JUN 6 1956

RECEIVED

Phelps County Health Officer,

County File Number

Date Filed

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 *Paul E. N...*

Licensed Embalmer No. 44

P. O. Address Rolla,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.