

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUN 11 1956 STANDARD CERTIFICATE OF DEATH

State File No. 17327

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4421 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <i>Platte</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>MO</i> b. COUNTY <i>Platte</i>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <i>Parkville</i> ) c. LENGTH OF STAY (If this place) <i>36 yrs</i>		c. CITY OR TOWN <i>Parkville</i>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1102 Main St.</i>			
e. STREET ADDRESS (If rural, give location) <i>1102 Main St.</i>			

3. NAME OF DECEASED (First) <i>Robert</i> (Middle) <i>Burns</i> (Last) <i>Elliott</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 26 - 1956</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Mar 29, 1868</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired lumberman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retail</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Morning Sun Iowa</i>
12. CITIZEN OF WHAT COUNTRY?			

13. FATHER'S NAME <i>Richard Elliott</i>		13b. MOTHER'S MAIDEN NAME <i>Nancy Ann Woodside</i>		14. NAME OF HUSBAND OR WIFE <i>Rhobe Moon Elliott</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Mr Leo Duryea Buffalo N.Y.</i>	

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) <i>Chronic myocarditis &amp; Myocardial degeneration not rheumatic.</i>		INTERNAL BETWEEN ONSET AND DEATH <i>5 yrs</i>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Generalized arteriosclerosis</i>			<i>20 yrs</i>
	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) <i>4221</i>
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 *Mar 17, 1952* to *May 26, 1952*, that I last saw the deceased alive on *4-14, 1956* and that death occurred at *6:30 A.M.*, from the causes and on the date stated above.

23. SIGNATURE <i>[Signature]</i> (Degree or title) <i>M.D.</i>		23b. ADDRESS <i>1161st Parkville MO</i>		23c. DATE SIGNED <i>5-28-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>May 29-56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Forest Hill</i>	24d. LOCATION (City, town, or county) (State) <i>Kansas City - MO</i>		
DATE REC'D BY LOCAL REG. <i>May 29, 56</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>[Signature] Parkville MO</i>			

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

570

JAN 27 1959  
11-11-1956



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 *Leland G. Francis*

Licensed Embalmer No. *3457*

P. O. Address *Parkville*

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.