

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7660

STATE FILE NUMBER

 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 245

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Doniphan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Highland <i>1508</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.		Length of stay in lb 5 days	d. STREET ADDRESS (If outside, give location) not given
3. NAME OF DECEASED (Type or print) ELIZABETH ELLIOTT			4. DATE OF DEATH Month Feb. Day 23 Year 1957
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 15, 1872
9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Columbia City, Ind.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME William Elshire	
14. MOTHER'S MAIDEN NAME Nancy unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Dorothy Moore, Highland, Kansas	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 2/19 to 2/23
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Malignant hypertension
			DUE TO (c) Essential hypertensive cardiovascular disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.	Month _____ Day _____ Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from 11-5-56 to 2-23-57 and last saw her alive on 2/23/57 Death occurred at 10:00 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or type) Caryl A. Potter		22b. ADDRESS Caryl A. Potter Jr. M.D. Physicians & Surgeons Bldg.	22c. DATE SIGNED 3/7/57
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 2/23/1957	23c. NAME OF CEMETERY OR CREMATORY St. Joseph, Mo. Highland, Kansas	(State) _____
24. FUNERAL DIRECTOR Hester-Bowman St Joseph Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. March 8, 1957	26. REGISTRAR'S SIGNATURE Kathleen M. Allison

4 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... Eugene Wood
Licensed Embalmer No. 380

P. O. Address 314 10th St
St. John

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