

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17046

STATE FILE NUMBER

FILED MAY 29 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2233

300  
1-57

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>KANSAS CITY</u>                     |  | c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Lindmont Nursing Home</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>4005 Linwood Blvd.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| Length of stay in lb <u>53 YEARS</u>  |  |   |  |

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| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>GRACE NORA ELLIOTT</u> |  |  | 4. DATE OF DEATH<br>Month Day Year<br><u>MAY-12-1957</u> |  |
|---|--|--|--|--|

|                         |                                  |   |  |  |                                |                                |
|-------------------------|----------------------------------|---|--|--|--------------------------------|--------------------------------|
| 5. SEX<br><u>FEMALE</u> | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Dec. 3-1867</u> | 9. AGE (In years last birthday)<br><u>89</u> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS.<br>Hours Min. |
|-------------------------|----------------------------------|---|--|--|--------------------------------|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife at Home Domestic</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><u>JOLIET, ILLINOIS</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
|--|-----------------------------------|---|---|

|                                      |  |  |
|--------------------------------------|--|--|
| 13a. FATHER'S NAME<br><u>UNKNOWN</u> | 13b. MOTHER'S MAIDEN NAME<br><u>RACHEL UNKNOWN GOODING</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Joseph ELLIOTT</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, unknown) (If yes, give war or dates of service)<br><u>No.</u> | 16. SOCIAL SECURITY NO.<br><u>NONE</u> | 17. INFORMANT<br><u>GEORGE R ELLIOTT</u> | Address<br><u>JEFFERSON CITY, MO.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Generalized arteriosclerosis</u>                   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>10 yrs.</u>  |
| DUE TO (b) _____   |  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (c) _____   |  | <u>4500</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).<br><u>Malnutrition, multiple hemorrhoids ulcers</u> |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|   |  |
|---|--|
| 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.) |
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|   |   |  |                              |        |       |
|---|---|--|------------------------------|--------|-------|
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>April 1957</u> to <u>May 1957</u> and last saw her alive on <u>MAY 12-1957</u><br>Death occurred at <u>12:50 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |  |
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| 22a. SIGNATURE (Degree or title)<br><u>Lawrence M. Field, M.D.</u> | 22b. ADDRESS<br><u>#515, 4620 S. C. Nichol Pkwy KC, Mo.</u> | 22c. DATE SIGNED<br><u>5-12-57</u> |
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|--|---------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>MAY 14 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Moriah CEM.</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Missouri</u> |
|--|---------------------------------|--|---|

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| 24. FUNERAL DIRECTOR<br><u>D. W. Newberry</u> | ADDRESS<br><u>1391 Blvd. Club</u> | 25. DATE RECD. BY LOCAL REG.<br><u>5-14-57</u> | 26. REGISTRAR'S SIGNATURE<br><u>neva Marshall</u> |
|---|-----------------------------------|--|---|

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Lawrence M. Field

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 *Robert Ray* .....

Licensed Embalmer No. *4182* .....

P. O. Address *K.C. Mo.* .....

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.