

FILED MAY 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 17 6 6 5

State File No.

BIRTH NO.		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5585</u>		Registrar's No. <u>96</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Madison</u>)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR 1, Carthage, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>RR 1, Carthage, Mo. 0490</u>					
3. NAME OF DECEASED (Type or Print) <u>Leutitia</u>			a. (First)		b. (Middle) <u>Elliott</u>		c. (Last)		
4. DATE OF DEATH <u>May 14 1957</u>			Date (Month) (Day) (Year)						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 26, 1874</u>			
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Sidney, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Isaac LeMasters</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Heston</u>			14. NAME OF HUSBAND OR WIFE <u>J.S. Elliott</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr J.S. Elliott, RR 1, Carthage, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Left lobar.</u></p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>			ANTECEDENT CAUSES				<u>5 days</u>		
			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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <u>2</u> 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)		<u>490X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <u>9 May, 1957</u> to <u>14 May 1957</u> , that I last saw the deceased alive on <u>13 May 1957</u> , and that death occurred at <u>1:35 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>H.E. Byrd M.D.</u>				23b. ADDRESS <u>Carthage, Mo.</u>		23c. DATE SIGNED <u>15 May 57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-16-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fasken Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jasper Co., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-16-57</u>		REGISTRAR'S SIGNATURE <u>W. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home, Carthage, Mo.</u>					

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

1390

Jasper County
County File Number 57-5-4213
Date Filed MAY 28 1957

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.....
Edwin C. Shroy

Licensed Embalmer No. 1455

P. O. Address Cartersville

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.