

FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31420

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 853-A

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield, Mo.</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Springfield, Mo.</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>	Length of stay in 1b	d. STREET ADDRESS <u>716 N. Weaver</u>	(If outside, give location) <input type="checkbox"/> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ARTHA</u> Middle <u>D.</u> Last <u>ELLIOTT</u>			4. DATE OF DEATH Month <u>8</u> Day <u>30</u> Year <u>1957</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 14, 1877</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Caples Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Elliott</u>	13b. MOTHER'S MAIDEN NAME <u>May Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Mertie Elliott</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>	16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT <u>Roy Elliott</u>	Address <u>244 S. 4th, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia + Malnutrition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days 8 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebral Thrombosis</u>	
	DUE TO (c) <u>Generalized Atherosclerosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>332X</u>		19. WAS AUTOPSY PERFORMED? 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 Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>	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
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21. I attended the deceased from <u>Aug 23, 1957</u> to <u>Aug 30, 1957</u> and last saw her alive on <u>Aug 30, 1957</u> Death occurred at <u>7:35 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 <u>David A. Hall</u> (Degree or title)	22b. ADDRESS <u>Springfield, Mo.</u>	22c. DATE SIGNED <u>9/6/57</u>
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23a. BURIAL, CREMATION OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-1-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>	23d. LOCATION (City, town, or county) (State) <u>Shelby County, Mo.</u>
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24. FUNERAL DIRECTOR <u>Wanda W. Winkle</u> ADDRESS <u>Wanda W. Winkle</u>	25. DATE RECD. BY LOCAL REG. <u>9-11-57</u>	26. REGISTRAR'S SIGNATURE <u>David Williamson</u>
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(Signature of Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Frank Noble* .....

Licensed Embalmer No. *4140* .....  
P. O. Address *City, State* .....

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.