

FILED JAN 15 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **75**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>		c. CITY OR TOWN <b>Mexico</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>38 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>620 N. Washington St. 00430</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>620 N. Washington St.</b>			
3. NAME OF DECEASED (Type or Print)	a. (First) <b>MARY</b>	b. (Middle) <b>T.</b>	c. (Last) <b>ELLIOTT</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 13, 58</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>March 18, 1882</b>
9. AGE (In years) (Month) (Day) (Year) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Hodgensville, Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Jahn Milton Dye</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Elizabeth Wright</b>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. C.E. Kehl, Mexico, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senescence of vital organs &amp; heart</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 mo.</b>	
ANTECEDENT CAUSES <b>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		DUE TO (b) <b>Cancer of gall bladder</b>	
DUE TO (c)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		1551	
19a. DATE OF OPERATION <b>Dec 10, 1957</b>	19b. MAJOR FINDINGS OF OPERATION <b>Cancer of gall bladder &amp; metastases to liver &amp; lungs</b>		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)	
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 <b>10/9</b> , 19 <b>56</b> , to <b>Jan 13, 1958</b> , that I last saw the deceased alive on <b>Jan 10, 1958</b> , and that death occurred at <b>4 P. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Benjamin D. Dely MD</b>		23b. ADDRESS <b>112 N. Clark Mexico Mo</b>	23c. DATE SIGNED <b>1/13/58</b>
24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Burial</b>	24b. DATE <b>Jan. 15, 58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>East Lawn</b>	24d. LOCATION (City, town, or county) (State) <b>Mexico, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Jan 13-1958</b>	REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	F. FUNERAL DIRECTOR'S SIGNATURE <b>Prud' Houston</b> ADDRESS <b>Mexico, Mo.</b>	

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

JAN 23 1958  
FEB 20 1958

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.....  
*Earl E. Pugh*

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.