

FILED FEB 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006785
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo		c. CITY OR TOWN Waynesville, Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hosp.		d. STREET ADDRESS (If outside, give location) Rural Rt. # "	
3. NAME OF DECEASED (Type or print) First John Middle --- Last Elliff.		4. DATE OF DEATH Month Jan Day 29 Year 1958	
5. SEX Male	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 Dec. 3, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Worker.		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
13a. FATHER'S NAME Unknown.		13b. MOTHER'S MAIDEN NAME Mary Unknown.	14. NAME OF HUSBAND OR WIFE Mary Matildia Elliff.
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. Unknown.	17. INFORMANT Joseph O. Woolsey Address Way, Mo Rt. # 2
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 Accident DUE TO (b) Cardio Vascular Renal Disease DUE TO (c) Arterio Sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none			INTERVAL BETWEEN ONSET AND DEATH 3 - weeks
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.		20d. INJURY OCCURRED WHILE AT <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 _____, to _____ and last saw her/him alive on _____ Death occurred at 11:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. E. Nichols, D.O.		22b. ADDRESS Waynesville, Missouri	
22c. DATE SIGNED 1-29-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/31/58.	23c. NAME OF CEMETERY OR CREMATORY Dunkard Cemetery	23d. LOCATION (City, town, or county) (State) Waynesville, Missouri
24. PLACE OF FUNERAL HOME Hedges Funeral Home Way, Mo.		25. DATE RECD. BY LOCAL REG. 1-31-58	26. REGISTRAR'S SIGNATURE Paula Anne Anderson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 20 1958

APR 9 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 *(Frances E. Moss)*

Licensed Embalmer No. *4896*

P. O. Address *Weymouth, Mass*

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.