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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 5 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013048  
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>MACON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>ATLANTA</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Laughlin Hospital</b> Length of stay in 1b <b>1 DAY</b>		d. STREET ADDRESS <b>NONE</b> (If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>JAMES</b> First <b>H</b> Middle <b>Elliott</b> Last		4. DATE OF DEATH Month <b>4</b> Day <b>27</b> Year <b>1958</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4/1/1872</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		100. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>MACON CO. O</b>
13. FATHER'S NAME <b>George Elliott</b>		14. MOTHER'S MAIDEN NAME <b>SARAH Herrin</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT <b>Earnest Elliott - LA PLATA, MO</b> Address _____
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Diabetes Mellitus (Terminal) Expired 1 hr 35 min after admission Sequom Uremic by Blood Sugar Diabimide</b>			INTERVAL BETWEEN ONSET AND DEATH <b>260X</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
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 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
21. I attended the deceased from <b>Apr. 27 1958</b> , to <b>Apr 27 1958</b> and last saw <sup>him</sup> alive on <b>Apr 27 1958</b> Death occurred at <b>11:25 A m</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>E. F. Slaughter DO</b>		22b. ADDRESS <b>Laughlin Hospital</b>	22c. DATE SIGNED <b>4/28/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-29-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ELMER Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>ELMER - MO.</b>
24. FUNERAL DIRECTOR <b>Theo H. Goedding - ATLANTA, MO</b>		25. DATE RECD. BY LOCAL REG. <b>5-1-58</b>	26. REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>

(Licensed Embalmer's Statement on Reverse Side)

MAY 23 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, ~~only~~ *Thos. H. Goodding*, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Thos. H. Goodding*.....  
Licensed Embalmer No. *39*

P. O. Address *Atlanta, Ga.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.