

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013541

STATE FILE NUMBER

FILED APR 30 1958

Registration District No. 59 Primary Registration District No. 5224 Registrar's No. 52

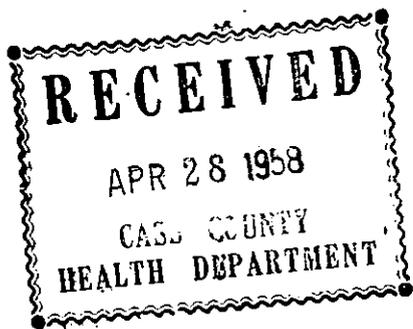
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1-57
190

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <u>198</u> a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Grand River Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Harrisonville (RFD)</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mi S of Harrisonville</u> Length of stay in lb <u>5 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>1 mi S of Harrisonville</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN EDWARD ELLIOTT</u>			4. DATE OF DEATH Month Day Year <u>April 19 1958</u>
5. SEX <u>Male</u>	6. COLOR OF SKIN <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>Mar 2 1889</u>
9. AGE (In years, last birthday) <u>69</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchmaker - Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Christian Co Illinois Mo</u>
12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Hiram Elliott</u>	
13b. MOTHER'S MAIDEN NAME <u>Matilda Pope</u>		13c. NAME OF HUSBAND OR WIFE <u>Laveria Elliott</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-16-4767</u>	17. INFORMANT I Address <u>Laveria Elliott Harrisonville Mo.</u>
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>CONGESTIVE HEART FAILURE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>CORONARY INSUFFICIENCY</u>			<u>6 mos</u>
DUE TO (c) <u>CORONARY ARTERIOSCLEROSIS</u>			<u>4201 6 mos</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year 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 <u>AUG. 1956</u> to <u>APRIL 1958</u> and last saw <u>him</u> alive on <u>4-18-58</u> Deceased died at <u>7:00 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. M. McCoy MD</u> (Degree or title) <u>0</u>		22b. ADDRESS <u>Harrisonville Mo</u>	22c. DATE SIGNED <u>4-21-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Apr 22-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT Olivet Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
24. FUNERAL DIRECTOR <u>Pennington</u> ADDRESS <u>Harrisonville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Apr. 22, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Dora Blumard</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *James R. Phillips*

Licensed Embalmer No. *4641*

P. O. Address. *Harrisonville*

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.