

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023960

FILED JUN 30 1959

Registration District No.

374

Primary Registration District No.

STATE FILE NUMBER

Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Worth County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant City, Missouri Inside Limits Yes ☒ No ☐				c. CITY OR TOWN Grant City Inside Limits Yes ☒ No ☐			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 609 Francis St Length of stay in lb 10 years				d. STREET (If outside, give location) ADDRESS 609 Francis St Reside on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) First Florance Middle Isabelle Last Elliott				4. DATE OF DEATH Month June Day 15 Year 1959			
5. SEX female	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH June-9-1869	9. AGE (In years last birthday) 90	10. FUNDER YEAR 6	11. IF UNDER 24 HRS Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (City and state or country) Worth County		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel Adams		13b. MOTHER'S MAIDEN NAME Martha Wright		14. NAME OF HUSBAND OR WIFE Sim Elliott			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs Goldie Thompson Grant City Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EXSANGUINATION (ABDOMINAL) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) ABDOMINAL CARCINOMATOSIS DUE TO (c) CARCINOMA OF ASCENDING COLON						INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE 6 MONTHS 1 YEAR +	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1530						19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			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 ☐ NOT WHILE WORK ☐ AT WORK ☐		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 JAN., 1955 to JUNE 15, 1959 and last saw her alive on JUNE 15, 1959 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Richard J. Smith DO				22b. ADDRESS GRANT CITY MO		22c. DATE SIGNED 6-15-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 17-59	23c. NAME OF CEMETERY OR CREMATORY Mt Vernon Cemetery	23d. LOCATION (City, town, or county) (State) 5 miles West Grant City Mo				
24. FUNERAL DIRECTOR John Andrews		ADDRESS Grant City Mo		25. DATE RECD. BY LOCAL REG. June 26-1959		26. REGISTRAR'S SIGNATURE Bowdrey Kuhn	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 John Andrews, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 4211

P. O. Address Grant City, 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.