

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028131

FILED VS SEP 8 1959 38

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 443

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Boone	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Columbia	a. STATE Missouri	b. COUNTY Boone
Length of stay in 1b 55 Years		c. CITY OR TOWN Columbia	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 705 Maryland Ave.		d. STREET ADDRESS (If outside, give location) 705 Maryland Ave.	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First	Middle	Last	Month	Day	Year	
JOSEPH DOLLIVER ELLIFF			August 28, 1959			
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 12-31-1863	9. AGE (last birthday) 95	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professor		10b. KIND OF BUSINESS OR INDUSTRY Professor		11. BIRTHPLACE (City and state or country) Council Grove, Kansas U.S.A.		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Constant Elliff		13b. MOTHER'S MAIDEN NAME Mary Potter		14. NAME OF HUSBAND OR WIFE Jean Scott Cumming		
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.		17. INFORMANT Address Joseph C. Elliff, Hubbard Woods, Ill.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CEREBRAL ARTERIOSCLEROSIS	SEUL YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) GENERALIZED ARTERIOSCLEROSIS	SEUL YRS
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days.
BENIGN HYPERTROPHY OF PROSTATE GLD.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.	Month, Day, Year	
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 1953 to 8-28-1959 and last saw her/him alive on 8-27-1959  
Death occurred at 1030 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Joseph H. Walters, M.D.</i>	(Degree or title)	22b. ADDRESS 417 GUTAR BLDG COLUMBIA, MO.	22c. DATE SIGNED 8-31-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 1, 1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) Columbia, Missouri
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24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. August 31 1959	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 22 1959

SEP 17 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George R. Kenner

Licensed Embalmer No. 11752

P. O. Address Columbus

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.