RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–030149

FILED VS AUG 25 1959

Registration District No. _____ Primary Registration District No. 305 Registrar's No. 6047 STATE FILE NUMBER 17

DED

1. PLACE OF DEATH
a. COUNTY St Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wentzville,
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wentzville R.R. 1
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Charles
c. CITY OR TOWN Wentzville.
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Maud Middle: Ellen Last: Elliot

4. DATE OF DEATH Month: Aug Day: 19, Year: 1959

5. SEX Female.

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7/26/1876

9. AGE (last birthday) 83

IF UNDER 1 YEAR: Months / Days 24

IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY Home Duties

11. BIRTHPLACE (City and state or country) Arkansas

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Tom Biggs

13b. MOTHER'S MAIDEN NAME ?

14. NAME OF HUSBAND OR WIFE Claud Elliot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Never

16. SOCIAL SECURITY NO. None.

17. INFORMANT Claud Elliot Address Wentzville R.R.1 Mo.

MEDICAL CERTIFICATION

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)	Myocardial Degenoration	1 Month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertension	5 yrs.
DUE TO (c)	Arteriosclerosis	10 yrs.

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. ☐ Yes ☒ No ☐ Unknown

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 a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 Aug. 13, 1947, to Aug. 18, 1959 and last saw her/him alive on July 27, 1959

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 W. E. Bergeen (Degree or title) D.O

22b. ADDRESS 411 E. Highway 40; Wentzville, Mo.

22c. DATE SIGNED 8-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8/22/59

23c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery

23d. LOCATION (City, town, or county) St Louis County (State) Mo

24. FUNERAL DIRECTOR T.J. Pitman – 909 Pitman Ave.; Wentzville, Mo. ADDRESS

25. DATE REC'D BY LOCAL REG. Aug. 22 1959

26. REGISTRAR'S SIGNATURE Martin F. Duff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUL 28 1959

JUL 28 1961

MAY 24 1960

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 Carlton S. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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