

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031723

FILED VS SEP 24 1959

Registration District No. 387 Primary Registration District No. 5208 Registrar's No. 12

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Carroll				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hale		Length of stay in 1b		c. CITY OR TOWN Hale		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Home 3 M. South			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Stewart Middle James Last Elliott.				4. DATE OF DEATH Month September Day 17th Year 1959				
5. SEX M	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/14/1901	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months 7 Days 3	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Livestock & Grain		11. BIRTHPLACE (City and state or country) Coloma, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Monroe Elliott			13b. MOTHER'S MAIDEN NAME Ida Bell Wilson			14. NAME OF HUSBAND OR WIFE Lena Elliott,		
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. 490-42-5119		17. INFORMANT Address Mrs Lena Elliott, Hale, Mo. RFD				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Coronary Thrombosis						
		DUE TO (c) Arteriosclerosis						
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. <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 12-30-58 to 9-17-59 and last saw ^{her} him alive on 9-16-59 Death occurred at 5:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Norman F. Austin D.O.				22b. ADDRESS Hale Mo.			22c. DATE SIGNED 9-18-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/20/1959	23c. NAME OF CEMETERY OR CREMATORY Hale cemetery			23d. LOCATION (City, town, or county) Hale, Missouri			(State)
24. FUNERAL DIRECTOR Clifford W. Austin F-H Hale, Mo.				25. DATE RECD. BY LOCAL REG. Sept, 19, 1959		26. REGISTRAR'S SIGNATURE Mrs. Rex Henderson		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Clyford W. Austin*
Clyford W. Austin,
Licensed Embalmer No. #3233

P. O. Address Tina, Missouri

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.