URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–039856

FILED VS DEC 14 1959

STATE FILE NUMBER

Registration District No. 142 Primary Registration District No. 5556 Registrar's No. 61

AMENDED

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Goldsberry — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Francis Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Shannon
c. CITY OR TOWN Winona — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Star Route — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Nora Middle Last Elliott

4. DATE OF DEATH Month November Day 27 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☑ Widowed ☐ Never Married ☐ Divorced ☐
8. DATE OF BIRTH 2/14/11
9. AGE (last birthday) 48 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) White Oak, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Tom Stackhouse
13b. MOTHER'S MAIDEN NAME Addie Taylor
14. NAME OF HUSBAND OR WIFE E.W. Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT E.W. Elliott Address Winona, Mo. Star Rt.

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

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 Nov. 26, to Nov. 27 and last saw her/him alive on Nov. 26, 1959
Death occurred at 4:50 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.C. Walton M.D.
22b. ADDRESS Mtn View Mo
22c. DATE SIGNED 12-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/28/59
23c. NAME OF CEMETERY OR CREMATORY ~~Niew~~ New Winona Cemetery
23d. LOCATION (City, town, or county) (State) Winona, Missouri

24. FUNERAL DIRECTOR ADDRESS Duncan Funeral Home Mtn. View, Mo.
25. DATE RECD. BY LOCAL REG. 12-7-59
26. REGISTRAR'S SIGNATURE Louisa Mitchell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DEC 14 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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Richard A. Norton
Signature of Student Embalmer

Licensed Embalmer No. 5029

P. O. Address Mt. View

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.