URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-005591

STATE FILE NUMBER

FILED VS MAR 10 1960

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 86

ENDED

Clerk

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City — Length of stay in 1b: four months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 101 Monroe Street — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Unk.
c. CITY OR TOWN: Muncie, Kansas — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 816 S. 72nd Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MINNIE Middle ELIEN Last ELLIOTT

4. DATE OF DEATH: Month March Day 7th Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11/7/76
9. AGE (last birthday): 83 — 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: Home
11. BIRTHPLACE (City and state or country): State of Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John S. Johnson
13b. MOTHER'S MAIDEN NAME: Sara Staten
14. NAME OF HUSBAND OR WIFE: Charles Elliott, Dec

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: Mrs Blanch Kruse Address: Jefferson City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Vascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): with Paraplegia, Complicated
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. ☐ 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 2-27-60, to 3-7-60 and last saw her alive on 3-7-60
Death occurred at 5:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Kendall A. Clark, MD (Degree or title)
22b. ADDRESS: 525 E. High Jefferson City, Mo.
22c. DATE SIGNED: 3-7-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 9th '60
23c. NAME OF CEMETERY OR CREMATORY: Highland Park Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Kansas

24. FUNERAL DIRECTOR ADDRESS: Simmons Funeral Home Kansas City, Kan.
25. DATE RECD. BY LOCAL REG.: 7 March 1960
26. REGISTRAR'S SIGNATURE: R.P. Morris MD Richter, Reg.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

FILED VS MAR 22 1960

MAR 11 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_____ Signed Donald T. Freema

Signature of Student Embalmer

Licensed Embalmer No. 4623

P. O. Address_____

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.