

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-014253

FILED VS. MAY 16 1960

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 8 Yrs.		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hos.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2007 Jones Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle R. Last Elliott				4. DATE OF DEATH Month April Day 26 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Jan. 7, 1877	9. AGE (last birthday) 83 Yrs.	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) Ret. Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and state or country) Union Star, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Hezekiah Elliott			13b. MOTHER'S MAIDEN NAME Catherine Rushton			14. NAME OF HUSBAND OR WIFE Never Married		
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. None		17. INFORMANT Address Mrs. Florence Garrow St. Joseph, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY HEMORRHAGE DUE TO (b) PULMONARY TUMOR (TYPE?) DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 2 MW. UNIC.	
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 _____ Month, Day, Year _____ a.m. p.m.								
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 June 7, 1959 to April 26, 1960 and last saw her alive on April 26, 1960 Death occurred at 1:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE [Signature] (Degree or title)				22b. ADDRESS 1302 Foran		22c. DATE SIGNED 5-3-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 28, 1960	23c. NAME OF CEMETERY OR CREMATORY Union Star Cemetery		23d. LOCATION (City, town, or county) Union Star Missouri		(State)		
24. FUNERAL DIRECTOR ADDRESS Minister-Fulmer Inc. St. Joseph Mo.				25. DATE RECD. BY LOCAL REG. May 12, 1960		26. REGISTRAR'S SIGNATURE Mrs. Clark Sandell		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

L.H. Pfeiffer, M.D.

JUL 20 1960

JUN 21 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 *Sam J. [Signature]*

Licensed Embalmer No. 4679

P. O. Address *57 [Signature]*

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.