

RI DIVISION. OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019806

FILED VS JUN 7 1960 156

Registration District No. 2001 Registrar's No. 276

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b 5 YRS	c. CITY OR TOWN RURAL Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR MADDOX REST HOME, INSTITUTION 2302 PENN. AVE.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) RT. 3, Box 172, JOPLIN Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DAVID Middle Last ELLIOTT		4. DATE OF DEATH Month MAY Day 27, Year 1960	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-29-1869
9. AGE (last birthday) 91		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) RETIRED DAIRY OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY RETAIL MILK SALES	11. BIRTHPLACE (City and state or country) MILLERSBURG, Ks.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME ROBERT ELLIOTT	
13b. MOTHER'S MAIDEN NAME -----		14. NAME OF HUSBAND OR WIFE DECD MAY DIXON ELLIOTT, 1925	
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. UNK	17. INFORMANT Address ALLEN DIXON ELLIOTT, RT. 3, Box 172, JOPLIN, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic heart disease Arteriosclerosis Generalized</i> DUE TO (b) <i>Generalized</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Postnatal Hypotrophy grade III</i>			INTERVAL BETWEEN ONSET AND DEATH 10 yrs.
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.)		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	
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 Feb 1959 , to May 27, 1960 and last saw him alive on April 10, 1960 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Go Shuster</i>		22b. ADDRESS 7125 Jackson St. Apt No 5-28-60	22c. DATE SIGNED 5-28-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-1-60	23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETERY,	23d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY,		ADDRESS JOPLIN, MO.	25. DATE RECD. BY LOCAL REG. 6-2-1960
26. REGISTRAR'S SIGNATURE <i>Doce Merriam</i>			

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 Harvey E. Bruce

Licensed Embalmer No. 4462

P. O. Address Joplin, Mo.
11502 Joplin

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.