

**JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-034174**

**FILED VS OCT 6 1960**

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 99

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Liberty</u>		Length of stay in 1b <u>50 yrs.</u>	c. CITY OR TOWN <u>Liberty</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>536 N. Brower</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>536 N. Brower</u>

3. NAME OF DECEASED (Type or print) First <u>ROSA</u> Middle <u>NEEL</u> Last <u>ELLIOTT</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>28</u> Year <u>1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 8, 1881</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Henshaw</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie unknown</u>		14. NAME OF HUSBAND OR WIFE <u>George Elliott</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Eagar Elliott - Liberty, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>6 Wk</u> <u>5yr</u>
IMMEDIATE CAUSE (a) <u>Cerebrovascular accident</u>		
DUE TO (b) <u>Cerebral arteriosclerosis</u>		
DUE TO (c) _____		

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	
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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
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21. I attended the deceased from 11 Dec 1959 to 27 Sept 60 and last saw her alive on 15 Aug 60  
Death occurred at 9:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>McJatman, MD</u>	(Degree or title)	22b. ADDRESS <u>Liberty, Mo</u>	22c. DATE SIGNED <u>9-28-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>9-29-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Liberty, Missouri</u>
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24. FUNERAL DIRECTOR <u>Chick-Braker Co. Liberty, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>9-28-60</u>	26. REGISTRAR'S SIGNATURE <u>N. B. Graham</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 18 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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold G. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, Mo

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.