

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-038120

FILED VS OCT 3 1 1960

132

Primary Registration District No. 3021

Registrar's No. 179

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Length of stay in lb 2 weeks		c. CITY OR TOWN Trenton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Wright Memorial INSTITUTION Hospital Annex			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. # 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) JASON LEE ELLIOTT				4. DATE OF DEATH Month Day Year Oct. 23, 1960					
5. SEX male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH July 28, 1880			
				9. AGE (last birthday) 80		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) Farmer			10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Erasmus Elijah Elliott				13b. MOTHER'S MAIDEN NAME Esther Mary Bernard		14. NAME OF HUSBAND OR WIFE Nellie Blazer (deceased)			
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. 489-36-0242		17. INFORMANT Mrs. Elsie Pearson, Kansas City, 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>Acute Coronary Thrombosis 1 day</i>							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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			
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 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 <i>Oct 22 1960</i>				and last saw him alive on <i>Oct 22 1960</i>		her drive on <i>Oct 22 1960</i>			
Death occurred at <i>2:30 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Oliver F. Duffly M.D.</i> (Degree or title)				22b. ADDRESS <i>Trenton Mo.</i>		22c. DATE SIGNED <i>Oct 24 1960</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Oct. 25, 1960		23c. NAME OF CEMETERY OR CREMATORY Rural Dale Cemetery, Grundy County, Missouri		23d. LOCATION (City, town, or county)		(State)	
24. FUNERAL DIRECTOR <i>Donald H. Blatter</i> ADDRESS Trenton, Mo.				25. DATE RECD. BY LOCAL REG. 10-25-60		26. REGISTRAR'S SIGNATURE <i>Frene Jaur</i>			

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 Donald A. Slater

Licensed Embalmer No. 4467

P. O. Address Trenton, 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.