

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040723

LED VS OCT 24 1960

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 244

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scott			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in lb 13 years	c. CITY OR TOWN Sikeston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 104 S. Ingram St.		
3. NAME OF DECEASED (Type or print) First DOCK Middle JACKSON Last ELLIOTT			4. DATE OF DEATH Month 10 Day 2 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-8-1913	9. AGE (last birthday) 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Land Lord		10b. KIND OF BUSINESS OR INDUSTRY Prop. Rental	11. BIRTHPLACE (City and state or country) Jasper, Alabama		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Dock Elliott		13b. MOTHER'S MAIDEN NAME Orvilla Dozier		14. NAME OF HUSBAND OR WIFE Delmar Bartlett Elliott		
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. 427-18-8774	17. INFORMANT Delmar Elliott		Address Sikeston, 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) Grand Mal					INTERVAL BETWEEN ONSET AND DEATH 1 mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Defic Cond from resection major portion of both lungs & small bowel					6 mo.	
DUE TO (c) mesenteric thrombosis					3 mo.	
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 <u>Jan 1 1960</u> to <u>10/2/1960</u> and last saw him alive on <u>10-1-1960</u> 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) Thomas E. McClure MD.			22b. ADDRESS Sikeston, Mo.		22c. DATE SIGNED 10-10-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-4-1960	23c. NAME OF CEMETERY OR CREMATORY Garden of Memories		23d. LOCATION (City, town, or county) (State) Sikeston, Missouri		
24. FUNERAL DIRECTOR OR ADDRESS Edw. E. Hummel Nunnelee Funeral Chapel, Sikeston		25. DATE RECD. BY LOCAL REG. 3074/10-15-60		26. REGISTRAR'S SIGNATURE Marcella Hunter		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0081
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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 Edward E. Mueller

Licensed Embalmer No. 4164

P. O. Address Sikeston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.