

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041392

NOV 30 1960

Registration District No. 75 Primary Registration District No. 4138 Registrar's No. 125

STATE FILE NUMBER

INDEXED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Clinton</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lathrop</u> Length of stay in lb <u>27 years</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u> c. CITY OR TOWN <u>Lathrop</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>712 Locust St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>712 Locust St.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>712 Locust St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or print) First <u>WALTER</u> Middle <u>ELLIOTT</u> Last <u>ELLIOTT</u>			<b>4. DATE OF DEATH</b> Month <u>November</u> Day <u>22</u> Year <u>1960</u>			
--	--	--	--	--	--	--

<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Feb 23 1886</u>	<b>9. AGE (last birthday)</b> <u>74</u>	<b>IF UNDER 1 YEAR</b> Months <u>8</u> Days <u>29</u>	<b>IF UNDER 24 HR</b> Hours <u></u> Min. <u></u>
------------------------------	---	---	---	--	--	---

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Carrol County, Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
---	--	--	---

<b>13a. FATHER'S NAME</b> <u>Oliver Elliott</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Warren</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Bertha Rush Elliott</u>
--	---	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>487-14-9743</u>	<b>17. INFORMANT</b> Address <u>Mrs. Bertha Elliott, Lathrop, Mo.</u>
--	--	--

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Inanition and debilitation</u> DUE TO (b) <u>Generalized Carcinomatosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>2 yrs.</u>
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	

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
--	--	---

<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.	Month, Day, Year _____
---	------------------------

<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
---	---	--

21. I attended the deceased from 10/60 to 11-22-60 and last saw her/him alive on 11-22-60  
 Death occurred at 7:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>[Signature]</u>	<b>22b. ADDRESS</b> <u>Lathrop, Mo</u>	<b>22c. DATE SIGNED</b> <u>11-23-60</u>
---	---	--

<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DATE</b> <u>Nov 25, 1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Kingston Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Kingston, Missouri</u>
---	---	---	---

<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Lyon Funeral Home, Lathrop, Mo.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>Nov 24, 1960</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>
---	--	--

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 Thomas W. Rowson

Licensed Embalmer No. 4889

P. O. Address Lathrop, W.

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