MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 17 1961

-60-048640

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 6

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West plains Mem Hosp
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Oregon
c. CITY OR TOWN Koshkonong
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Thomas Middle: Walter Last: Elliott

4. DATE OF DEATH Month Day Year: December 23, 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-14-90
9. AGE (last birthday): 70
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: Farming
11. BIRTHPLACE (City and state or country): Koshkonong, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Jesse F. Elliott
13b. MOTHER'S MAIDEN NAME: Cynthia Roberts
14. NAME OF HUSBAND OR WIFE: Grace Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 489-36-6825
17. INFORMANT: Mrs. Emery Kephart — Address: St. Louis, Mo.

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
IMMEDIATE CAUSE (a)	Hepatic Coma	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Obstructive Jaundice	2 weeks
DUE TO (c)	Ca of Pancreas ??	

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 15-12-60, to 23-12-60 and last saw ~~her~~ him alive on 23/12/60
Death occurred at 4 30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) M D
22b. ADDRESS: West Plains, Mo
22c. DATE SIGNED: 29/12/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-26-1960
23c. NAME OF CEMETERY OR CREMATORY: Koshkonong Cemetery
23d. LOCATION (City, town, or county) (State): Koshkonong, Missouri

24. FUNERAL DIRECTOR: Leland Carter ADDRESS: West Plains, Mo
25. DATE RECD. BY LOCAL REG.: 1-24-61
26. REGISTRAR'S SIGNATURE: Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

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 Leland Carter

Licensed Embalmer No. 4516

P. O. Address West Plain

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