

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-002603

FILED VS JAN 23 1961

STATE FILE NUMBER

AMENDED

Registration District No. 292 Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>RALLS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>RALLS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPENCER TOWNSHIP</u>	Length of stay in 1b <u>27 YRS.</u>	c. CITY OR TOWN <u>FRANKFORD</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6 MI NORTH</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>COLEMAN</u> Last <u>ELLIOTT</u>	4. DATE OF DEATH Month <u>JAN.</u> Day <u>14</u> Year <u>1961</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 27 1900</u>	9. AGE (last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>FRANKFORD Mo. (RURAL)</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN JAMES ELLIOTT</u>	13b. MOTHER'S MAIDEN NAME <u>LOUANNA EPPERSON</u>	14. NAME OF HUSBAND OR WIFE <u>ZELMA ELLIOTT</u>
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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.	17. INFORMANT <u>MRS. ZELMA ELLIOTT</u> Address <u>FRANKFORD Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Disease</u> DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH
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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 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.)
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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
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21. I attended the deceased from 9:30 A.M. to 1961 and last saw him alive on Dec. 1960
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) <u>E. P. Hansen D.O.</u>	22b. ADDRESS <u>Frankford Mo. 1-16-61</u>	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JAN 16-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>FRANKFORD MISSOURI</u>
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24. FUNERAL DIRECTOR <u>MEGOWN FUNI HOME</u> ADDRESS <u>FRANKFORD Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 17 1961</u>	26. REGISTRAR'S SIGNATURE <u>Clyde B. Wisney</u>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

MAR 16 1961

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 Joan Fields Megown

Licensed Embalmer No. 4093

P. O. Address Frankford 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.