

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-024019 STATE FILE NUMBER

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 33

FILED AUG 7 1961

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Centralia</u>		Length of stay in lb <u>10 YRS</u>	c. CITY OR TOWN <u>Centralia</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>So. Jefferson</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>So. Jefferson</u>
3. NAME OF DECEASED (Type or print) First <u>Hattie</u> Middle <u>-</u> Last <u>Elliott</u>		DATE OF DEATH Month <u>July</u> Day <u>31</u> Year <u>1961</u>	
5. SEX <u>Female</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>Nov. 26-1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	9. AGE (last birthday) <u>81</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>5</u> IF UNDER 24 HR Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>Monroe Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jackson Barton</u>		13b. MOTHER'S MAIDEN NAME <u>Josie Clay</u>	
14. NAME OF HUSBAND OR WIFE <u>Homer Elliott</u>		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. <u>None</u>		17. INFORMANT <u>Homer Elliott, Centralia, Mo.</u>	
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>acute coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
DUE TO (b) <u>hypertensive vascular disease</u>			<u>unknown</u>
DUE TO (c) <u></u>			<u></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
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 <u></u> Month, Day, Year <u></u>			
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>11-20-54</u> to <u>6-3-61</u> and last saw her <u>alive</u> on <u>6-3-61</u> Death occurred at <u>approx. 7</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robt L. Ward</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Centralia, Missouri</u>	22c. DATE SIGNED <u>8-1-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-2-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>
24. FUNERAL DIRECTOR <u>Paul J. Barber, Centralia, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Aug. 2-1961</u>	26. REGISTRAR'S SIGNATURE <u>Maud M^cBride</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Lawrence J. Baller —

Licensed Embalmer No. 4206

P. O. Address Centerville, 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.