MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029240
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4265 1265

FILED SEP 8 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in Ib 43 years
c. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3303 E. 27th St. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Sarah Middle E Last Elliott
4. DATE OF DEATH Month 8 Day 26 Year 61
5. SEX female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-8-83
9. AGE (last birthday) 78 years
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) Film Inspector
10b. KIND OF BUSINESS OR INDUSTRY Film Distributor
11. BIRTHPLACE (City and state or country) Brunswick, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Thomas W. Elliott
13b. MOTHER'S MAIDEN NAME Emma E. Bemett
14. NAME OF HUSBAND OR WIFE ---
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ---
17. INFORMANT Address Benjamin F. Elliott, Keatsville Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Infarct. of myocardium due to arteriosclerosis coronary thrombosis (Probable
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Passive congestion of the heart
DUE TO (c) Arteriosclerosis, generalized
INTERVAL BETWEEN ONSET AND DEATH
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 8-23-61 to 8-26-61 and last saw her alive on 8-26-61
Death occurred at 11:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. Frank Ellis M.D.
22b. ADDRESS 2400 Cherry
22c. DATE SIGNED 8-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-29-1961
23c. NAME OF CEMETERY OR CREMATORY Elliott Grove Cemtery
23d. LOCATION (City, town, or county) (State) Brunswick, Missouri

24. FUNERAL DIRECTOR WAGNER FUNERAL HOME ADDRESS K.C. Mo.
25. DATE RECD. BY LOCAL REG. 8-28-61
26. REGISTRAR'S SIGNATURE Ruth Long

(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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Alvin R. Haunschild

Signature of Student Embalmer

Licensed Embalmer No. 4159

P. O. Address K. C. 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.