

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012150

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 141

FILED APR 10 1962

1. PLACE OF DEATH  
 a. COUNTY Pettis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in 1b 10 yrs  
 c. FULL NAME OF HOSPITAL OR INSTITUTION Botheeuel Hosp. Include Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo b. COUNTY Pettis  
 c. CITY OR TOWN Hughesville Inside Limits Yes  No   
 d. STREET ADDRESS RFD 1 (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last ERRIEL Stanton Elliott 4. DATE OF DEATH Month Day Year April 3, 1962  
 5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 8-15-1886 9. AGE (last birthday) 75 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days 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 Farm 11. BIRTHPLACE (City and state or Country) Hughesville Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Joseph Elliott 13b. MOTHER'S MAIDEN NAME Carrie Berry 14. NAME OF HUSBAND OR WIFE Mrs. Kathryn Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. [ ] 17. INFORMANT Mrs. Kathryn Elliott - Hughesville, Mo Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 3 years  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

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 May 1958 to April 3, 1962 and last saw him alive on April 3, 1962  
 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T.S. Housins, M.D. 22b. ADDRESS 1609 S. Limit Sedalia, Mo. 22c. DATE SIGNED 4-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Apr. 6, 1962 23c. NAME OF CEMETERY OR CREMATORY Sunset Hill 23d. LOCATION (City, town, or county) (State) Harrensburg, Mo.

24. FUNERAL DIRECTOR M. Laughlin Bros - Sedalia, Mo ADDRESS Sedalia, Mo 25. DATE RECD. BY LOCAL REG. April 5, 1962 26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF) DATE AMENDED (BY AFFIDAVIT OF) DOCUMENT

ITEM NO. SHOULD READ

VS 300 Rev. 4/59  
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JUL 10 1962

**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 Jerry J. Cantlon

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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.