

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 139

Primary Registration District No. 3023

Registrar's No. 53-67

STATE FILE NUMBER 0006080

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0425

2 0930

3

4 1

5 1

6

7 0

8 2

9 4200

10

11

12 1-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 20 1967

1. PLACE OF DEATH

a. COUNTY

HENRY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CLINTON

Length of stay in lb
8 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION General Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY ST. Clair

c. CITY OR TOWN Osceola

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Rural

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
MYRTICE Gertrude ELTON

4. DATE OF DEATH
Month Day Year
February 14, 1967

5. SEX

Female

6. COLOR OR RACE

Cauc.

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/8/1892

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Olney, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William MORAN

13b. MOTHER'S MAIDEN NAME

Medora Edelin

14. NAME OF HUSBAND OR WIFE

M.H. ELTON

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.

None

17. INFORMANT

Marshall H. ELTON

Address

Osceola, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Anterior circulation heart

INTERVAL BETWEEN ONSET AND DEATH
None

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Dissecting aortic aneurysm

DUE TO (c)

Failure

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 Month, Day, Year
a.m. p.m.

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 2-5-67 to 2-14-67 and last saw her alive on 2-13-67
Death occurred at 12:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Richard H. Lee M.D.

(Degree or title)

22b. ADDRESS

1065.3rd Clinton Mo

22c. DATE SIGNED

2-14-67

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/16/67

23c. NAME OF CEMETERY OR CREMATORY

Osceola Cemetery

23d. LOCATION (City, town, or county)

Osceola Missouri

24. FUNERAL DIRECTOR

R.F. Nichols Chapels

ADDRESS

Louisy City, Mo.

25. DATE REC'D. BY LOCAL REG.

Feb. 15, 1967

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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 *T. E. McNamee*

Licensed Embalmer No. *4897*

P. O. Address *Clinton, Md.*

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.