

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15843**
Registrar's No. **2108**

BIRTH NO. 33772-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Childrens Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>609 N. 3rd</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jackie</u> b. (Middle) <u>LeRoy</u> c. (Last) <u>Elliott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 13 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (Specify) <u>no</u>	
8. DATE OF BIRTH <u>May 9, 1949</u>		9. AGE (In years last birthday) <u>11</u>		10. UNDER 1 YEAR <u>11</u> HOURS <u>1</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Charles A. Elliott</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Mae Cauthon</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles A. Elliott</u> ADDRESS <u>Clinton Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Subdural Hematoma</u>				INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Birth injury</u>				
		DUE TO (c) <u>7600</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from May 12, 1949, to May 13, 1949, that I last saw the deceased alive on May 13, 1949, and that death occurred at 8:38 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. M. Gilkey</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Childrens Mercy Hosp KCMo</u>		23c. DATE SIGNED <u>May 13, 49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-14-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>	
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DATE REC'D BY LOCAL REG. <u>5-14-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Selas</u> ADDRESS <u>Clinton Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

48
3
8

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.

Signed _____

Signed _____

Student Embalmer

Licensed Embalmer No. _____

P. O. Address: _____

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 this body is not embalmed, fact should be so stated above.