

FILED DEC 13 1949

STANDARD CERTIFICATE OF DEATH

State File No. 36263BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3006 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u> 0		c. CITY (If outside corporate limits, write RURAL and give township) <u>Adrian</u> 0	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>Butler Memorial Hospital</u>	

3. NAME OF DECEASED a. (First) <u>Thelma</u> b. (Middle) <u>Ailsa</u> c. (Last) <u>Elliott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 4, 1903</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>29</u>	IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>
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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		11. BIRTHPLACE (State or foreign country) <u>Bates County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
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13a. FATHER'S NAME <u>Alva Gregg</u>		13b. MOTHER'S MAIDEN NAME <u>Nichols</u>		14. NAME OF HUSBAND OR WIFE <u>Alpha Delano Elliott</u>	
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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>498-20-4778</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alpha Delano Elliott, Adrian Mo.</u>		ADDRESS <u>Adrian Mo.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Trauma to base of brain ^{4th ventricle}</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 days</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with respiratory inhibition</u>				E904ti	
		DUE TO (c)				21	
		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 checked="" type="checkbox"/>	
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21a. ACCIDENT SOURCE (Specify) <u>✓</u> <u>Homeicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm sale</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Adrian Bates Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 30 49 2:15 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell at farm sale</u>		7	
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22. I hereby certify that I attended the deceased from Nov. 30, 1949, to Dec. 3, 1949, that I last saw the deceased alive on Dec. 3, 1949, and that death occurred at 10:06 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. C. Robinson M.D.</u>		23b. ADDRESS <u>Adrian Mo.</u>		23c. DATE SIGNED <u>12-5-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Urish</u>		24d. LOCATION (City, town, or county) (State) <u>Urish Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Dec 5-1949</u>		REGISTRAR'S SIGNATURE <u>Linda L. Torrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Creath & Sif</u>		ADDRESS <u>Adrian Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No.
District File Number 11-49-14
Date Filed 12-12-41

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 _____

Fred J. Leath #2243

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 2650

P. O. Address Adrian 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 this body is not embalmed, fact should be so stated above.