

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State-File No. 33340

FILED OCT 30 1951

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 533

04372
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY OR TOWN <u>Clinton</u> | | c. CITY OR TOWN <u>Urich</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Witzel Hospital</u> | | | |

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|--|---------------------------|---|--|---|-----------------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> b. (Middle) <u>Wack</u> c. (Last) <u>Elliott</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10 17 51</u> | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Aug 3, 1879</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZENRY OF WHAT COUNTRY <u>U.S.</u> |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Thomas Wilson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Isabel Seagried</u> | | 14. NAME OF HUSBAND OR WIFE <u>Tula Elliott</u> | |
|---|--|--|--|---|--|

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|--|--|--|--|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>R. S. Elliott</u> | | ADDRESS <u>Clinton, 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</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>Coronary Heart Disease</u> | | |
| | DUE TO (c) | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis - Scurvity</u> | | | <u>5401</u> |

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|--|--|---|--|
| 19a. DATE OF OPERATION <u>10-15-51</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Perforated Gastric Ulcer</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from May, 1950 to Oct., 1951, that I last saw the deceased alive on Oct. 17, 1951, and that death occurred at 12:14 p.m., from the causes and on the date stated above.

| | | | |
|---|-------------------------------------|--|---|
| 23a. SIGNATURE <u>John H. Haskell</u> (Degree or title) | 23b. ADDRESS <u>102 Clinton, Mo</u> | 23c. DATE SIGNED <u>10-18-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>10-19-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Urich, Mo.</u> | 24d. LOCATION (City, town, or county) (State) <u>Urich, Mo.</u> |

| | | | |
|---|--|---|---------------------------|
| DATE REC'D BY LOCAL REG. <u>Oct 21-51</u> | REGISTRAR'S SIGNATURE <u>Florence Adam</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Brown</u> | ADDRESS <u>Urich, Mo.</u> |
|---|--|---|---------------------------|

OCT 29 1951

RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number 9-1951

OCT 29 1951

Date Filed _____

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 _____

Student Embalmer

Signed A. R. Kenney

Licensed Embalmer No. 3099

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