

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18703

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>14 da</u>		c. CITY OR TOWN <u>Clinton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>321 N. Washington</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>Lucy</u>		c. (Last) <u>ELLIOTT</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>6-26-54</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 16 1894</u>		9. AGE (in years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>10</u>		IF UNDER 28 HRS Hours <u>-</u> Min. <u>-</u>	
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 <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Frye</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel Elliott</u>			
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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Samuel Elliott Clinton Mo</u>		ADDRESS <u>no</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MEDULLARY PARALYSIS</u> ANTECEDENT CAUSES MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL HEMORRHAGE</u> DUE TO (c) <u>ARTERIOSCLEROSIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>BRONCHIO-PNEUMONIA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6-12-54</u> <u>6-26-54</u> <u>YEARS</u> <u>Terminal</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? YES <input checked="" 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)		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 <u>6-12</u> , 19 <u>54</u> , to <u>6-26</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-26</u> , 19 <u>54</u> , and that death occurred at <u>5:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. J. Powell, D.O.</u>				23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>6/28/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6/29/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>	
DATE REC'D BY LOCAL REG. <u>June-29-54</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Fred Wilkinson</u>		FURNERAL HOME ADDRESS <u>Clinton Mo</u>	

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

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 _____

Licensed Embalmer No. 45

P. O. Address Clinton

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.