

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 18 1956

2850

|  |                       |  |  |  |  |   |   |   |  |
|--|-----------------------|--|--|--|--|---|---|---|--|
| BIRTH NO. _____  |                       | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. _____   |   |   |  |
| 1. PLACE OF DEATH  |                       |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). |  |   |   |   |  |
| a. COUNTY <u>JACKSON</u>   |                       | b. STATE <u>Missouri</u>   |  | c. CITY OR TOWN <u>KANSAS CITY</u>   |  | d. COUNTY <u>JACKSON</u>  |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>  |                       | c. LENGTH OF STAY (in this place) <u>20 yrs</u>  |  | c. CITY OR TOWN <u>KANSAS CITY</u>   |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL</u>  |                       |  |  | e. STREET ADDRESS (If rural, give location) <u>3504 EASTERN AVE</u>                    |  |   |   |   |  |
| 3. NAME OF DECEASED  |                       |  | 4. DATE OF DEATH                                 |  |  | 5. (Month) (Day) (Year)   |   |   |  |
| a. (First) <u>Charles</u>  | b. (Middle) <u>H.</u> | c. (Last) <u>ELLIOTT</u>   | 6. (Month) <u>June</u>                           | 7. (Day) <u>30</u>   | 8. (Year) <u>1956</u>                    |   |   |   |  |
| 9. (Type or Print)   |                       |  |  |  |  |   |   |   |  |
| 5. SEX <u>Male</u>   |                       | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>                  |  | 8. DATE OF BIRTH <u>Oct 3, 1869</u>   |   |   |  |
| 9. AGE (In years last birthday) <u>86</u>  |                       | 10. IF UNDER 1 YEAR Months _____ Days _____  |  | 11. IF UNDER 24 HRS. Hours _____ Min. _____  |  |   |   |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>   |                       |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u> |  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomington, Ill</u>  |   |   |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. B</u>  |                       |  | 13a. FATHER'S NAME <u>Unknown</u>                |  | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> |   | 14. NAME OF HUSBAND OR WIFE <u>Emma Elliott</u> |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>  |                       | 16. SOCIAL SECURITY NO. <u>Unknown</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records - K.C. Mo</u>                    |  |   |   | ADDRESS _____   |  |
| 18. CAUSE OF DEATH   |                       | MEDICAL CERTIFICATION  |  |  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH                                      |  |
| Enter only one cause per line for (a), (b), and (c)  |                       | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>                      |  |  |  |   |   |   |  |
|  |                       | ANTECEDENT CAUSES  |  |  |  |   |   |   |  |
|  |                       | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.       |  |  |  |   |   |   |  |
|  |                       | DUE TO (b) _____   |  |  |  |   |   |   |  |
|  |                       | DUE TO (c) _____   |  |  |  |   |   |   |  |
|  |                       | II. OTHER SIGNIFICANT CONDITIONS   |  |  |  |   |   |   |  |
|  |                       | Conditions contributing to the death but not related to the disease or condition causing death.        |  |  |  |   |   | <u>491x</u>   |  |
| 19a. DATE OF OPERATION _____   |                       | 19b. MAJOR FINDINGS OF OPERATION _____   |  |  |  |   |   | 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) _____   |  | 21d. (COUNTY) _____   |   | 21e. (STATE) _____  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____   |                       | 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>6-25</u> , 19 <u>56</u> , to <u>6-30</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6-30</u> , 19 <u>56</u> , and that death occurred at <u>6:58 p.m.</u> , from the causes and on the date stated above. |                       |  |  |  |  |   |   |   |  |
| 23a. SIGNATURE <u>B.I. Burns</u> (Degree or title) <u>MD</u>   |                       |  |  | 23b. ADDRESS _____   |  |   |   | 23c. DATE SIGNED _____  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>   |                       | 24b. DATE <u>7-1-56</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY _____   |  | 24d. LOCATION (City, town, or county) <u>Clinton, Mo</u>  |   | 24e. (State) _____  |  |
| 25. DATE REC'D BY LOCAL REG. <u>6-30-56</u>  |                       | REGISTRAR'S SIGNATURE <u>meva minshall</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Cansalus Mortuary, Clinton, Mo</u>                 |  |   |   |   |  |
|  |                       |  |  |  |  | ADDRESS _____   |   |   |  |

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...453...  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.