

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006326

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 62

AMENDED

FILED MAR 5 1962

1. PLACE OF DEATH
 a. COUNTY Henry
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Length of stay in lb OR TOWN 3 wks.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton Gen. Hosp Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. Missouri b. COUNTY Henry
 c. CITY OR TOWN Clinton Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 819 E Jefferson Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
SAMUEL J ELLIOTT 2-27-1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-17-1888 9. AGE (last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
0 16

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and state or country) Calhoun MO 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Les. Elliott 13b. MOTHER'S MAIDEN NAME Edith Cornwell 14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. 702-03-9593 17. INFORMANT Violet Vandenberg, Clinton, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute Renal Failure INTERVAL BETWEEN ONSET AND DEATH 36 hrs.
 DUE TO (b) Uremia
 DUE TO (c) Prostatic Carcinoma & Bladder Infiltration '42
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female, was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2/25/62 to 2/27/62 and last saw her/him alive on 2/27/62. Death occurred at 9 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard W. Keeg M.D. 22b. ADDRESS 106 S. 3rd Clinton Mo 22c. DATE SIGNED 3/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-2-62 23c. NAME OF CEMETERY OR CREMATORY Englewood 23d. LOCATION (City, town, or county) (State) Clinton MO

24. FUNERAL DIRECTOR ADDRESS Sohaberg Funeral Home 25. DATE RECD. BY LOCAL REG. Mar 1, 1962 26. REGISTRAR'S SIGNATURE Mildred Bigum
Clinton, Missouri

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 6 1962

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 F. L. Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton M

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.