

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0006091

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 37 Primary Registration District No. 3023 Registrar's No. 59

MRF FILED 002 64

VS 300
Rev. 4/59

1 0425
2 0420
3
4 0
5 1
6
7 0
8 2
4/20/64

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton, Mo.</u>		Length of stay in 1b <u>1 Hour</u>	c. CITY OR TOWN <u>Urich</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton General</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RFD 3</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Alpha</u> Middle <u>Delmo</u> Last <u>Elliott</u>			4. DATE OF DEATH Month <u>2</u> Day <u>22</u> Year <u>64</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-21-02</u>	9. AGE (last birthday) <u>61 Yrs.</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Telephone Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone</u>		11. BIRTHPLACE (City and state or country) <u>Urich, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Thomas William Elliott</u>		13b. MOTHER'S MAIDEN NAME <u>Lona Lenora Postal</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruby A.</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>486-07-0080</u>		17. INFORMANT Address <u>Mrs. Ruby A. Elliott (wife)</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Atherosclerotic Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>4 yrs</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Urich</u>		COUNTY _____	STATE _____
21. I attended the deceased from <u>3-23-56</u> to <u>2-22-64</u> and last saw him alive on <u>2-22-64</u> Death occurred at <u>8:30 pm</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>W. W. Brubaker, M.D.</u> (Degree or title)			22b. ADDRESS <u>Clinton, Mo.</u>		22c. DATE SIGNED <u>2-24-64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-25-64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Urich</u>		23d. LOCATION (City, town, or county) (State) <u>Urich, Missouri.</u>
24. FUNERAL DIRECTOR <u>Snow's Funeral Home, Urich, Mo.</u> ADDRESS _____			25. DATE RECD. BY LOCAL REG. <u>Feb. 24, 1964</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 Merle Snow

Licensed Embalmer No. 4034

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