

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 9 - 1956

State File No. 9873

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <b>Moniteau Co</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>California, MO Walker</b>		c. CITY OR TOWN <b>California</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>3 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>810 N Oak St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>810 N Oak St</b>			
3. NAME OF DECEASED (Type or Print)	a. (First) <b>Albert</b>	b. (Middle)	c. (Last) <b>Elliott</b>
4. DATE OF DEATH (Month) (Day) (Year)	<b>Apr 2 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 9, 1868</b>
9. AGE (In years last birthday) <b>88</b>	if UNDER 1 YEAR Months <b>0</b>	if UNDER 24 HRS. Day <b>24</b>	if UNDER 2 HRS. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Bryl Elliott</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Bryant</b>	14. NAME OF HUSBAND OR WIFE <b>Rosie Elliott</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harold J. Elliott Harbitt 910</b>	
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>epilepsy</b>  ANTECEDENT CAUSES <b>arteriosclerosis</b> 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.		INTERVAL BETWEEN ONSET AND DEATH <b>7 day</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>California Moniteau MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Mar 31, 1956</b> , to <b>Apr 2, 1956</b> , that I last saw the deceased alive on <b>Apr 2, 1956</b> , and that death occurred at <b>7:30 AM</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>D. W. Bauman D.O.</b>		23b. ADDRESS <b>California, Mo.</b>	23c. DATE SIGNED <b>4/3/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr 4, '56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Hope Cenetry</b>	24d. LOCATION (City, town, or county) (State) <b>Centertown, Missouri</b>
DATE REC'D BY LOCAL REG. <b>4/4/56</b>	REGISTRAR'S SIGNATURE <b>L. P. Papey</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Carl J. Rowlin - California, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 *Jack H. Bawlin* .....

Licensed Embalmer No. *49*

P. O. Address *California*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (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.