

S. No. 300
V. 10.48

0681
0
Color of 22nd

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2067

FILED FEB 6 1952

State File No.

BIRTH NO. REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 4333 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Walker</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>	
c. LENGTH OF STAY (in this place) <u>5 Months</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del. California, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen Del. California, Mo</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Belle</u>	c. (Last) <u>Elliott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1/30/52</u>
-------------------------------------	------------------------	--------------------------	--------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Sept. 5. 1884</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	--	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Henry Vancey</u>	13b. MOTHER'S MAIDEN NAME <u>Isabell McNeal</u>	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

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>499-07-2225</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anna Mae Allen Clarksburg</u>	ADDRESS
--	--	--	---------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Chronic Arteriosclerosis</u> rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>California Moniteau Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 1-25, 1952, to 1-30, 1952, that I last saw the deceased alive on 1-30, 1952, and that death occurred at 10 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R.B. Fulke, M.D.</u> (Degree or title)	23b. ADDRESS <u>California, Mo</u>	23c. DATE SIGNED <u>2-1-52</u>
--	------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/3/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Clarksburg, Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Clarksburg, Mo</u>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>2-3-52</u>	REGISTRAR'S SIGNATURE <u>H.R. Popham, R.R. #02</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>East Baulin, Clarksburg, Mo</u>	ADDRESS
--	--	---	---------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 5 1952

DISTRICT HEALTH OFFICE No. 3
District File Number _____

Date Filed **FEB 5 1952**

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Earl Bonkin

Signed.....
Student Embalmer

Licensed Embalmer No. 2126

P. O. Address California

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 this body is not embalmed, fact should be so stated above.