

## THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

FILED SEP 3 1957

State File No. 28944

BIRTH NO. _____		REG. DIST. NO. 214		PRIMARY REG. DIST. NO. 3052		Registrar's No. 363	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR Sedalia		c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				d. STREET ADDRESS (If rural, give location) 212 Owens St.			
3. NAME OF DECEASED (Type or Print)		a. (First) STELLA		b. (Middle) LEE		c. (Last) ELLIOTT	
4. DATE OF DEATH		(Month) August		(Day) 27		(Year) 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 15, 1886	
9. AGE (In years last birthday) 71		10. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Bunceton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Bunceton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John York		13b. MOTHER'S MAIDEN NAME Mana School		14. NAME OF HUSBAND OR WIFE Wallace C. Elliott (dec. 1957)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Not Known		17. INFORMANT'S SIGNATURE OR NAME James Elliott, Sedalia, Missouri			
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) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis & hypertension 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 8 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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)			
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 8-24, 1957, to 8-27, 1957, that I last saw the deceased alive on 8-26, 1957, and that death occurred at 1 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. W. Boyer M.D.		23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 8/28/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/29/1957		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) California, Missouri	
DATE RECD BY LOCAL REG. 8-28-57		REGISTRAR'S SIGNATURE Francis Shelby		25. FUNERAL DIRECTOR'S SIGNATURE J. W. Decker		ADDRESS Sedalia, Mo	

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 \_\_\_\_\_

Student Embalmer.

Signed \_\_\_\_\_

*Russell C. Maag*

Licensed Embalmer No. *4804*

P. O. Address *Sedalia, 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 this body is not embalmed, fact should be so stated above.