

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 6 - 1957

Registration District No. 224

Primary Registration District No. 3046

STATE FILE NUMBER 5286

Registrar's No. 48

14010

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>California "Walton"</i>				c. CITY OR TOWN <i>California</i> <i>068</i>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If outside, give location)			
3. NAME OF DECEASED (Type or print) First <i>WALACE</i> Middle <i>CLIFFORD</i> Last <i>ELLIOTT</i>				4. DATE OF DEATH Month <i>April</i> Day <i>18</i> Year <i>1957</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Mar 15 - 1886</i>	
9. AGE (In years last birthday) <i>71</i>		IF UNDER 1 YEAR Months <i>1</i> Days <i>3</i>		IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Textile Worker</i>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>California Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Wallace Elliott</i>				14. MOTHER'S MAIDEN NAME <i>Susan Atkins</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No.</i>				16. SOCIAL SECURITY NO. <i>44-0577746</i>		17. INFORMANT <i>James Elliott</i> Address <i>California Mo.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH <i>4500</i>	
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		COUNTY _____ STATE _____	
21. I attended the deceased from <i>Aug. 4, 1957</i> to <i>April 17, 1957</i> and last saw him alive on <i>April 17, 1957</i> Death occurred <i>2 A. M.</i> on the day stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>D. L. Barlow</i> (Degree or title)		22b. ADDRESS <i>California</i>		22c. DATE SIGNED <i>4/19/57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>4-19-1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Masonic Cemetery</i>		23d. LOCATION (City, town, or county) <i>California Mo.</i>	
24. FUNERAL DIRECTOR <i>Hugh E. Williams</i>		ADDRESS <i>California Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>4-20-57</i>		26. REGISTRAR'S SIGNATURE <i>D. L. Popejoy</i>	

MAY 6 1957

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.....
Hugh E. Williams

Licensed Embalmer No. 257

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