

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12435

State File No.

FILED MAY 7 - 1952

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5306 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marion</u>	c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Marion</u> <u>0260</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Main St. Marion Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Main St. Marion Mo.</u>	
3. NAME OF DECEASED a. (First) <u>Henry Elliott</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 25, 1871</u>
9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>5</u>	10. DAYS <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired U.S. Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Govt</u>	11. BIRTHPLACE (State or foreign country) <u>Jamestown, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Beryl Elliott</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Bryant</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Elliott</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Anna Elliott Marion, Mo.</u>
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) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic dementia</u> <u>malnutrition</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson City, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>April 7, 1952</u> , to <u>May 1, 1952</u> , that I last saw the deceased alive on <u>April 30, 1952</u> , and that death occurred at <u>4:30p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Donald Shultz</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>229 1/2 E. High St. Jefferson City, Mo.</u>	
23c. DATE SIGNED <u>May 2, 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 4 - 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Centertown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centertown, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 8</u>		REGISTRAR'S SIGNATURE <u>Mrs. Minnie Hittmeyer</u>	
70-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buescher</u>	
ADDRESS <u>Jefferson City Mo</u>			

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



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..... *Victor Buescher*

Licensed Embalmer No. *3701*

P. O. Address *Jefferson City, 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.