

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE

XC-1207443

SL 27067

-61-038511

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10441**

AMENDED **FILED NOV 15 1961**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Cola		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b 30HRS 15MIN	c. CITY OR TOWN CENTERTOWN,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) --	
3. NAME OF DECEASED (Type or print) First JOHN Middle RAYMOND Last ELLIOTT			4. DATE OF DEATH Month NOVEMBER Day 8 Year 1961		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-1-93	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXXXXX Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) CENTERTOWN, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME HENRY ELLIOTT		13b. MOTHER'S MAIDEN NAME ANNIE RINER		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 490-09-8288	17. INFORMANT Address MARY ELLIOTT, CENTERTOWN, MISSOURI		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CONGESTIVE FAILURE					2 WEEKS
DUE TO (b) RHEUMATIC HEART DISEASE					MANY YEARS
DUE TO (c) 416X					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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. VA attended the deceased from 11-7-61 to 11-8-61 and last saw him alive on 11-8-61		Death occurred at 10:10 p. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree, or title) <i>Joseph H. Buescher, MD</i>			22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 11-8-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-11-61	23c. NAME OF CEMETERY OR CREMATORY Centertown Cemetery	23d. LOCATION (City, town, or county) (State) Centertown, Mo.		
24. FUNERAL DIRECTOR Buescher Funeral Home, Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. NOV 9 1961	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>		

BY AFFIDAVIT OF *Sw. Asupt. 30 hrs.*

MEDICAL CERTIFICATION

OCT 10 1962

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

Elmo R. Sedwick

Licensed Embalmer No.

4077

P. O. Address

St Louis

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.