

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 5 1949

State File No. **7295**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **49**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico / 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico / 2	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1011 N. Washington St.		d. STREET ADDRESS (If rural, give location) 1011 N. Washington St.	

3. NAME OF DECEASED (Type or Print) a. (First) FRANKLIN b. (Middle) ANDREW c. (Last) ELLIOTT	4. DATE OF DEATH (Month) (Day) (Year) MARCH 27, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH OCT. 6, 1878	9. AGE (In years) (less birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 4 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mexico, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Andrew Elliott	13b. MOTHER'S MAIDEN NAME Elizhia Eubanks	14. NAME OF HUSBAND OR WIFE Hallie Elliott
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Frank Elliott ADDRESS Mexico, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		12 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial degeneration DUE TO (c) Hypertensive heart disease		1 1/2 years Unknown
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"/>
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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) 10201 (COUNTY) (STATE)
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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
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22. I hereby certify that I attended the deceased from **3-26**, 1949, to **3-27**, 1949, that I last saw the deceased alive on **3-26**, 1949, and that death occurred at **1:50** m., from the causes and on the date stated above.

23a. SIGNATURE R. W. Swan (Degree or title) R. W. O.	23b. ADDRESS Mexico Mo.	23c. DATE SIGNED 3-28-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 29, 1949	24c. NAME OF CEMETERY OR CREMATORY SUN RISE	24d. LOCATION (City, town, or county) (State) Audrain County, Mo.
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DATE REC'D BY LOCAL REG. Mar 29-1949	REGISTRAR'S SIGNATURE Branche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Earl E. ... ADDRESS Mexico, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1
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1949

RECEIVED
District Health Officer No. 10
District File Number 4-49-59
APR 4 1949

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

Ralph L. Flewston Jr.

Student Embalmer No. 234

working under my personal supervision.

Student *Ralph L. Flewston Jr.*
Student Embalmer

Signed *Carl E. Priddy*

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.