

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16952

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6034 Registrar's No. 312

1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - HARRIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - HARRIS TOWNSHIP</u>	
c. LENGTH OF STAY (In this place) <u>10 months</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>15 miles Southeast of Doniphan</u>		d. STREET ADDRESS (If rural, give location) <u>15 miles Southeast of Doniphan</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORENCE</u> b. (Middle) <u>LEE</u> c. (Last) <u>ELLIOTT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-12-1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>3-6-1876</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR (Months) <u>2</u>	IF UNDER 2 HRS. (Days) <u>6</u>	IF UNDER 15 MIN. (Hours) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>J.W. Richmond</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Wiley Elliott Sr. - Deceased</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wiley Elliott Jr. - Doniphan, Mo.</u>	ADDRESS _____
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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, asphyxia, 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) <u>Pulmonary tuberculosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>malnutrition</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 5-1-1949, to 5-12-1949, that I last saw the deceased alive on 5-12-1949, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. Ed. Adamson M.D.</u>	23b. ADDRESS <u>Doniphan, Mo.</u>	23c. DATE SIGNED <u>5-17-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-14-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stone Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ripley County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-14-49</u>	REGISTRAR'S SIGNATURE <u>E. Johnston</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.W. Edwards</u>	ADDRESS <u>Doniphan, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6/7/49
District Health Officer No. 5,
District File Number 649427
Date Filed 6/9/49

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 Carl B. Bird

Licensed Embalmer No. 4306

P. O. Address Douglas, 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.