

No. 300
10. 48

FILED AUG 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26525

State File No.

3200

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4170 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY DeKalb.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give town) Union Star		c. LENGTH OF STAY (In this place) 79 yr.		c. CITY (If outside corporate limits, write RURAL and give township) Union Star Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) None. At home.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
Charles Scott Elliott			8.	3	1949

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11.2.1869	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 7	IF UNDER 14 HRS. Days 1	Hours 1	Min. 1
-----------------------	----------------------------------	--	--------------------------------------	--	---------------------------------------	--------------------------------------	-------------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) DeKalb Co. Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	--	--	--

13a. FATHER'S NAME H.C.Elliott	13b. MOTHER'S MAIDEN NAME Catherine Rushton	14. NAME OF HUSBAND OR WIFE REDECEASED Rachel
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Guy Elliott.	ADDRESS St. Joseph Mo.
--	--	--	----------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterio Sclerosis		
	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. 291X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

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)
--	--	---

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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Aug 1, 1949, to 8.3, 1949, that I last saw the deceased alive on 8.3, 1949, and that death occurred at 5.3 p. m., from the causes and on the date stated above.

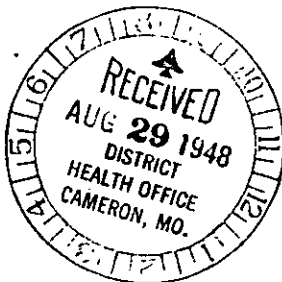
23a. SIGNATURE E. M. Reynolds	(Degree or title) M.D.	23b. ADDRESS Union Star, Mo.	23c. DATE SIGNED 8.7.1949
---	----------------------------------	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/7/1949	24c. NAME OF CEMETERY OR CREMATORY Union Star	24d. LOCATION (City, town, or county) (State) Union Star Mo.
--	------------------------------	---	--

DATE REC'D BY LOCAL REG. 8-10-49	REGISTRAR'S SIGNATURE Roscoe D. ...	82	25. FUNERAL DIRECTOR'S SIGNATURE W. J. ...	ADDRESS King City Mo.
--	---	----	--	---------------------------------

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

APR 27 1939



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.

Signed R. G. Taggart

Signed.....
Student Embalmer

Licensed Embalmer No. 2563

P. O. Address King 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.