

FILED OCT 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29218

Registrar's No. 74

BIRTH NO. _____		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 4023		State File No. 29218	
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Exeter		c. LENGTH OF STAY (In this place) 58 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Exeter			
d. FULL NAME OF HOSPITAL OR INSTITUTION Exeter (on highway 44)				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Lillie May Elliott			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept. 30, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 13, 1869	
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping		11. BIRTHPLACE (State or foreign country) Christian County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edward Smith		13b. MOTHER'S MAIDEN NAME Willie Keasinger		14. NAME OF HUSBAND OR WIFE William Elliott			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Effie Stubblefield, Exeter			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High blood pressure and DUE TO (c) Sclerotic arteries. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 1946, to Sept. 30, 1949, that I last saw the deceased alive on Sept. 30, 1949, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Glenn W. Dalyon M.D. (Degree or title)				23b. ADDRESS Cassville, Mo.		23c. DATE SIGNED Oct. 8	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-3-49		24c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery		24d. LOCATION (City, town, or county) (State) Exeter, Mo.	
DATE REC'D BY LOCAL REG. Oct 8-1949		REGISTRAR'S SIGNATURE Grace Williams 10		25. FUNERAL DIRECTOR'S SIGNATURE W.C. Koon		ADDRESS Cassville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 10 1949

District Health Office No. 6,

District File Number 10 49 - 1897

Date Filed 10 - 11 - 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 W. C. Koon.....

Licensed Embalmer No. 435-9.....

P. O. Address Coasville, 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.