

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40216

State File No.

FILED DEC 27 1949

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1381

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (In this place) <u>3 wks.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL HARDIN TWP. D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Trimble Mo. R.F.D.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) <u>Bell</u> c. (Last) <u>Elliott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 18 1949</u>
--	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-7-1891</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u>	IF UNDER 2 HRS. Hours <u>11</u> Min.
----------------------	-------------------------------	--	-------------------------------------	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri D</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	--	---

13a. FATHER'S NAME <u>John McManhan</u>	13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Clay Elliott</u>
--	---	--

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>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clay Elliott</u>	ADDRESS <u>Trimble, Mo.</u>
---	-------------------------------------	--	--------------------------------

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Incurial anemia</u>		INTERVAL BETWEEN ONSET AND DEATH
---	--	--	----------------------------------

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u>	DUE TO (c) <u>Coronary occlusion</u>	12-18-49
---	--------------------------------------	----------

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Sherrisrhaphy</u>	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) <u>St. Joseph Buchanan Mo</u>
--	--	--

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 Nov. 27, 1949, to Dec 18, 1949; that I last saw the deceased alive on Dec 18, 1949, and that death occurred at 9:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. Senon M.D.</u>	(Degree or title)	23b. ADDRESS <u>St. Joseph Mo</u>	23c. DATE SIGNED <u>12-18-49</u>
---	-------------------	--------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/20/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Co. MO.</u>
--	------------------------------	--	---

DATE REC'D BY LOCAL REG <u>Dec 19, 1949</u>	REGISTRAR'S SIGNATURE <u>G. C. Jenkins</u>	382	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. D. Lyon</u>	ADDRESS <u>Plattsburg, MO.</u>
--	---	-----	---	-----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 13 1950

OCT 20 1954

OCT 19 1954

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 Darrell D. Lyon

Signed.....
Student Embalmer

Licensed Embalmer No. 3640

P. O. Address Plattsburg, N.C.

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.