No. 300
10.48

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

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42206

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO 1003 Registrar's No. 10241

1. PLACE OF DEATH
a. COUNTY _____
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS, MO.
c. LENGTH OF STAY (In this place) 22 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MISSOURI PACIFIC HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY _____
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jefferson City 0500
d. STREET ADDRESS (If rural, give location) 615 W High 1

3. NAME OF DECEASED (Type or Print)
a. (First) ELLIS
b. (Middle) _____
c. (Last) ELLIOTT

4. DATE OF DEATH (Month) NOV. (Day) 30 (Year) 1950

5. SEX Mo
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH JAN 27, 1891
9. AGE (In years last birthday) 59
If under 1 year: Months — Days —
If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) locomotive engineer
10b. KIND OF BUSINESS OR INDUSTRY railroad
11. BIRTHPLACE (State or foreign country) Lebanon Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Wm F. Elliott
13b. MOTHER'S MAIDEN NAME Becca J. Pindell
14. NAME OF HUSBAND OR WIFE Bertha

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. _____
17. INFORMANT'S SIGNATURE OR NAME Bertha Elliott ADDRESS Jefferson City 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — Interval between onset and death: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis — 1 hour
DUE TO (c) Arteriosclerotic heart disease — 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Passive hepatic congestion — 3 weeks

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? _____

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22. *I hereby certify that I attended the deceased from* NOV. 8, 1950, *to* NOV. 30, 1950, *that I last saw the deceased alive on* NOV. 30, 1950, *and that death occurred at* 9:29 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE C. H. Johnson (Degree or title) D. M. D.
23b. ADDRESS 1755 So. Grand
23c. DATE SIGNED 12/1/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12-1-50
24c. NAME OF CEMETERY OR CREMATORY _____
24d. LOCATION (City, town, or county) Jefferson City (State) Mo

DATE REC'D BY LOCAL REG. DEC 1 1950
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Rowland Mortuary Service Inc. 4401 Manchester Ave. St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 9 1951

SEP 1 1960

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed J. Allen Davis Jr

Signed.....
Student Embalmer

Licensed Embalmer No. 4053

P. O. Address Ottumwa Io M

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.