

FILED APR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8445**
Registrar's No. **1213**

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|--|--|--|--|---|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>1213</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY OR TOWN <u>Kansas City Mo</u> | | c. LENGTH OF STAY (in this place) <u>2 Yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Missouri</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5417 Woodland Ave</u> | | | | d. STREET ADDRESS (If rural, give location) <u>5417 Woodland Ave 376⁸⁰</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs</u> b. (Middle) <u>May</u> c. (Last) <u>Belle Elliott</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-17-1951</u> | | | | |
| 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>May 1 1863</u> | |
| 9. AGE (In years last birthday) <u>88 87</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 HR. Hours _____ Min. _____ | | | |
| 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>At Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Lafayette Co Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Perkins Kincheloe</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Moore</u> | | 14. NAME OF HUSBAND OR WIFE <u>Wm H. Elliott</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lottie B. Duval</u> | | ADDRESS <u>5417 Woodland</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post Operative Fracture Hip</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>E9040 51</u> |
| 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) <u>accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson, Mo.</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-16-51</u> m. _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>fall</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>May 1949</u> , to <u>Mar 17, 1951</u> , that I last saw the deceased alive on <u>Mar 17, 1951</u> and that death occurred at <u>7a</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Hugh A. Gostine</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>303 West Truman Bldg</u> | | 23c. DATE SIGNED <u>3-18-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>3-18-1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Higginsville Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>3-19-51</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>France-Wornall Funeral Home</u> | | | |

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

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.....

Russell N. Fran

Signed.....
Student Embalmer

Licensed Embalmer No. *4255*

P. O. Address *Kc 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.