

No. 300  
10. 48

FILED JUL 5 - 1951

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **20515**

495  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|  |   |  |  |   |  |   |                                   |                                   |      |
|--|---|--|--|---|--|---|-----------------------------------|-----------------------------------|------|
| BIRTH NO. _____  |   | REG. DIST. NO. <u>156</u>  |  | PRIMARY REG. DIST. NO. <u>200</u>   |  | Registrar's No. <u>298</u>  |                                   |                                   |      |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper, Missouri</u>   |   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Jasper</u> |  |   |                                   |                                   |      |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Joplin, Missouri</u>   |   | c. LENGTH OF STAY (In this place)<br><u>2 years</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Asbury, Missouri</u>                                    |  | <u>1490</u>   |                                   |                                   |      |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>202 Minden Lane</u>   |   |  |  | d. STREET ADDRESS (If rural, give location)<br><u>1</u>   |  |   |                                   |                                   |      |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>CELEIA</u><br>b. (Middle) <u>ANN</u><br>c. (Last) <u>ELLIOTT</u>   |   |  | 4. DATE OF DEATH<br>(Month) <u>June</u> (Day) <u>23</u> (Year) <u>1951</u> |   |  |   |                                   |                                   |      |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never married</u>                         |  | 8. DATE OF BIRTH<br><u>Apr. 16, 1868</u>  |  | 9. AGE (In years last birthday)<br><u>83</u>  | # UNDER 1 YEAR<br><u>2</u> Months | # UNDER 24 HRS.<br><u>7</u> Hours | Mtn. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>housework</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>own home</u>   |  | 11. BIRTHPLACE (State or foreign country)<br><u>Illinois</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |                                   |                                   |      |
| 13a. FATHER'S NAME<br><u>Wm E. Elliott</u>   |   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Maria Elliott</u>                          |   | 14. NAME OF HUSBAND OR WIFE<br><u>None</u>                             |   |                                   |                                   |      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |   | 16. SOCIAL SECURITY NO.<br><u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Newt Elliott</u>  |  | ADDRESS<br><u>Asbury, Mo.</u>   |                                   |                                   |      |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*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>                       | MEDICAL CERTIFICATION   |  |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH  |                                   |      |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>   |  |  |   |  |   | <u>3 days</u>                     |                                   |      |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arterio-Sclerosis</u>                            |  |  |   |  |   | <u>5 years.</u>                   |                                   |      |
|  | DUE TO (c) _____  |  |  |   |  |   |                                   |                                   |      |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Fracture of Right hip (Non-union) 2 years</u> |  |  |   |  |   |                                   |                                   |      |
| 19a. DATE OF OPERATION<br><u>none</u>  |   | 19b. MAJOR FINDINGS OF OPERATION<br><u>331X</u>  |  |   |  | 20. AUTOPSY?<br>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 <u>Jan. 4, 1946</u> to <u>June 23, 1951</u> , that I last saw the deceased alive on <u>June 22, 1951</u> , and that death occurred at <u>2:45A m.</u> , from the causes and on the date stated above. |   |  |  |   |  |   |                                   |                                   |      |
| 23a. SIGNATURE<br><u>[Signature]</u>   |   |  |  | 23b. ADDRESS<br><u>Asbury, Missouri</u>   |  | 23c. DATE SIGNED<br><u>6/24/51</u>  |                                   |                                   |      |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>   |   | 24b. DATE<br><u>June 25, 1951</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Waco Cemetery</u>                 |   | 24d. LOCATION (City, town, or county) (State)<br><u>Waco, Missouri</u> |   |                                   |                                   |      |
| DATE REC'D BY LOCAL REG.<br><u>6-28-51</u>   |   | REGISTRAR'S SIGNATURE<br><u>[Signature]</u>  |  | FURNERAL DIRECTOR'S SIGNATURE<br><u>[Signature]</u>   |  | ADDRESS<br><u>Carl Junction, Mo</u>   |                                   |                                   |      |

RECEIVED 7-2-51  
Jasper County Health Office

County File Number 57/6/530

Date Filed 7-3-51

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.....  
Student Embalmer

Signed *Harvey E. Arnel*

Licensed Embalmer No. *4463*

P. O. Address *Clay 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.