

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7569**

APR 7 1952 BIRTH NO. REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **116**

1. PLACE OF DEATH a. COUNTY <b>Callaway 0143</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Pike 222</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Fulton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Louisiana 1</b>	
c. LENGTH OF STAY (in this place) <b>18 mo</b>		d. STREET ADDRESS (If rural, give location) <b>Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No 1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ollie</b> b. (Middle) <b>-</b> c. (Last) <b>ELLIOTT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 4 1952</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow 2</b>	8. DATE OF BIRTH <b>3-1-1870</b>	9. AGE (In years last birthday) <b>83</b>	10. UNDER 1 YEAR Months <b>1</b> Days <b>-</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>9 Ark. 25A</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Edward Robinson</b>	13b. MOTHER'S MARDEN NAME <b>Martha Teary</b>	14. NAME OF HUSBAND OR WIFE <b>G K</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>State Hospital Records Fulton Mo</b>	ADDRESS <b>Fulton Mo</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senile dementia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fracture Left hip</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>127 E9037-44</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>State Hospital</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Fulton Callaway, Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3 12-1952 8:17 AM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell on floor</b>

22. I hereby certify that I attended the deceased from **3-24 1952**, to **4-4 1952**, that I last saw the deceased alive on **4-3 1952**, and that death occurred at **10:20 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M J Miller M.D.</b>	23b. ADDRESS <b>State Hospital Fulton Mo.</b>	23c. DATE SIGNED <b>4-4-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>APRIL 6-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CITY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>LOUISIANA Mo.</b>
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DATE REC'D BY LOCAL REG. <b>April 4-1952</b>	REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>	426-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. O. Mudd Funeral Home Bowling Green, Mo.</b>	ADDRESS
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed James C. Mudd

Licensed Embalmer No. 4152

P. O. Address Pauling Green, 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.