

No. 300  
10.48

04

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8342

State File No. ....

FILED APR 5 1952

1470

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City,</u>		c. LENGTH OF STAY (In this place) <u>24 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City,</u>		d. STREET ADDRESS (If rural, give location) <u>317 Clinton Place</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4123 Indp. Ave. Kelly Conv Home</u>			d. STREET ADDRESS (If rural, give location) <u>317 Clinton Place</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u> b. (Middle) <u>Belle</u> c. (Last) <u>Elliott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 29 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Aug. 30, 1881</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u>
IF UNDER 1 YEAR Hours <u>    </u> Min. <u>    </u>	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	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Boone Fowler</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Phipps</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Edmund 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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oren S. Elliott Kansas City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of head of pancreas</u>	INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile psychosis</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)	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>12-15, 1951</u> to <u>3-20, 1952</u> and I last saw the deceased alive on <u>3/20, 1952</u> and that death occurred at <u>3:30P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>L. E. Riller</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>530 Prof. Bldg., KC 100</u>		23c. DATE SIGNED <u>3/29/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 31 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-31-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs C.L. Forster 918 Brooklyn K.C. Mo.</u>		

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

Dr. E. E. Miller  
Pres. Bd. of  
V. 0887  
L:00

**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 Dean Owens

Licensed Embalmer No. 4280

P.-O. Address K. C., 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.