

S. No. 300
V. 10.48
FILED JUN 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15853

State File No.

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5240 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 Miles N. Caplinger Mills</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 Miles N. Caplinger Mills</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>ELLISTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 20, 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 7, 1860</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	9. AGE (In years last birthday) <u>91</u> if UNDER 1 YEAR <u>10</u> Days if UNDER 24 HRS. <u>13</u> Hours
11. BIRTHPLACE (State or foreign country) <u>La Plata, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Robert Elliston</u>		13b. MOTHER'S MAIDEN NAME <u>Salt Marsh</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Give 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 <u>Jam Elliston, Caplinger Mills, MO</u> ADDRESS _____
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensated heart</u> ANTECEDENT CAUSES <u>Old age.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 _____	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) _____		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>May 19, 1952</u> to <u>May 20, 1952</u> that I last saw the deceased alive on <u>May 19, 1952</u> and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Stockton, Missouri</u>	23c. DATE SIGNED <u>5-21-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-21-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Caplinger Mills</u>
24d. LOCATION (City, town, or county) (State) <u>Cedar County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Cantlon, Stockton Mo</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>5-31-52</u>		REGISTRAR'S SIGNATURE <u>Geneva Garrison</u> .54-0	

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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 John A. Cantlon.....

Licensed Embalmer No. 4387.....

P. O. Address Stoughton, MA.....

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.