

AUG 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28392

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>314</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>0420</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> <u>8</u>		c. LENGTH OF STAY (In this place) <u>6Wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> <u>1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence San. & Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>RR #3 Jones Road</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MR. DELA</u> b. (Middle) <u>CHARLES</u> c. (Last) <u>ELLIOTT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 10, 1952</u>				
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>7</u>	8. DATE OF BIRTH <u>Jan. 16, 1883</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson Co., Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Benjamin F. Elliott</u>			13b. MOTHER'S MAIDEN NAME <u>Pearl Lina Storms</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>500-22-3335</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Elliott</u> ADDRESS <u>Indep., Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease</u> ANTECEDENT CAUSES <u>same</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.				INTERVAL BETWEEN ONSET AND DEATH <u>since July 1951</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>443X</u> YES <input type="checkbox"/> NO <input 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>Jan 12, 1952</u> , to <u>Aug. 10, 1952</u> , that I last saw the deceased alive on <u>Aug. 07, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23. SIGNATURE <u>John R. Green</u> (Name and title)				23b. ADDRESS <u>129 W Lexington Independence Mo</u>		23c. DATE SIGNED <u>8-12-52</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 13, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Indep., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-13-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Indep., Mo</u>	

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

John R Green

AUG 25 RECD

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 *W. M. Neir* _____

Licensed Embalmer No. *3156* _____

P. O. Address *Indeb. 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.