S. No. 200
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30779

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 978

0117
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1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1006 Dewey Ave. Parkview Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 1320 Olive Street 6

3. NAME OF DECEASED (Type or Print)
a. (First): Stephan
b. (Middle): E. E
c. (Last): Elliott

4. DATE OF DEATH (Month) (Day) (Year): September 10, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: September 14, 1866
9. AGE (In years last birthday): 85 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Teacher
10b. KIND OF BUSINESS OR INDUSTRY: St. Joseph Public Schools
11. BIRTHPLACE (State or foreign country): Perry, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Joseph Elliott
13b. MOTHER'S MAIDEN NAME: M. R. Lee
14. NAME OF HUSBAND OR WIFE: Roma Carver Elliott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Charles Clayton
ADDRESS: St. Louis, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LEUKEMIA, CHRONIC MYELOGENOUS — INTERVAL BETWEEN ONSET AND DEATH: 5 YRS

ANTECEDENT CAUSES
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. Psychosis, Senile — 1 MONTH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒ 2041

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): None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-18, 1952, *to* 9-10, 1952, *that I last saw the deceased alive on* 9-9, 1952, *and that death occurred at* 1:17A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Allen Alterman (Degree or title): M.D.
23b. ADDRESS: 706 Francis St.
23c. DATE SIGNED: 9-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 12, 1952
24c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri

DATE REC'D BY LOCAL REG.: Sept 17, 1952
REGISTRAR'S SIGNATURE: Carl C. Casey
25. FUNERAL DIRECTOR'S SIGNATURE: Walter Heuchoffer
ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond W. Morehead.

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.