

No. 300  
10. 48

FILED NOV 10 1952

# STANDARD CERTIFICATE OF DEATH

35535

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 102

1. PLACE OF DEATH  
 a. COUNTY Lafayette  
 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Derlington  
 c. LENGTH OF STAY (In this place) 2 days  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not a hospital or institution, give street address or location) Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Ray  
 c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural  
 d. STREET ADDRESS (If rural, give location) 6 miles S.E. Orrick

3. NAME OF DECEASED (Type or Print) a. (First) Ulysses b. (Middle) FRANK c. (Last) Elliott  
 4. DATE OF DEATH (Month) (Day) (Year) October 31, 1952

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH November 14, 1872  
 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR: Month 10 Day 11 IF UNDER 24 HRS: Hour \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY General Farming 11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri, U.S.A. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Orce Elliott 13b. MOTHER'S MAIDEN NAME Emilia Mansfield 13c. NAME OF HUSBAND OR WIFE Mary Farmer Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Elliott, Orrick, Mo. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Terminal bronchopneumonia INTERVAL BETWEEN ONSET AND DEATH 3 days  
 ANTECEDENT CAUSES DUE TO (b) Acute Congestive Heart failure 2 mo.  
 DUE TO (c) Arteriosclerotic Cardio-vascular disease unknown  
 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: 442X 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Oct. 30, 1952, to Oct. 31, 1952, that I last saw the deceased alive on Oct. 31, 1952, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. P. Johnson, M.D. 23b. ADDRESS Richmond, Mo. 23c. DATE SIGNED 11/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov. 2, 1952 24c. NAME OF CEMETERY OR CREMATORY South Point 24d. LOCATION (City, town, or county) (State) Ray County, Missouri

DATE REC'D BY LOCAL REG. 11-2-52 REGISTRAR'S SIGNATURE Minerva E. Eastabrook 156-0 25. FUNERAL DIRECTOR'S SIGNATURE West-Life Funeral Home ADDRESS Richmond, Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 \_\_\_\_\_

Licensed Embalmer No. 48667

P. O. Address Richmond, 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.