

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1953

State File No. \_\_\_\_\_

FILED JAN 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mineral</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u> <u>0493</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jasper Co TB Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>610 East 5th St 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Edgar</u> c. (Last) <u>Elliott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 23 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 7-1880</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>16</u>	IF UNDER 12 HRS. Hour <u></u> Min. <u></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	11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Co Mo</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Thomas Elliott</u>	
13b. MOTHER'S MAIDEN NAME <u>Mirtha Stotts</u>		14. NAME OF HUSBAND OR WIFE <u>Dora</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Records</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>  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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>002x</u>	
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) (Min.)		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>9/10</u> , 19 <u>52</u> , to <u>1/23</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/22</u> , 19 <u>53</u> , and that death occurred at <u>3:27</u> m., from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <u>Jesse E. Dingle</u> M.D.		23b. ADDRESS <u>Shabb City Mo</u>	
23c. DATE SIGNED <u>1/23/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan-25-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lawrence County Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-23-1953</u>		REGISTRAR'S SIGNATURE <u>474</u> <u>Mrs. Madeline Switzer Knell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u>		ADDRESS <u>Carthage, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

490

RECEIVED 1-26-53  
Jasper County Health Office

County File Number 53/1/94

Date Filed 1-26-53

---

---

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 \_\_\_\_\_

Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.