

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

187771

State File No. ....

FILED JUN 15 1953		REG. DIST. NO. 227	PRIMARY REG. DIST. NO. 5706	Registrar's No. 25
BIRTH NO. _____		1. PLACE OF DEATH		
a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give 30 x 30 sec. township) R.F.D. Molino, Mo.		a. STATE Missouri		
c. LENGTH OF STAY (in this place) 2 Yrs		b. COUNTY Monroe		
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D.#1. Molino, Mo		c. CITY (If outside corporate limits, write RURAL and give township) R.F.D.#1. Molino, Mo. Southfork		
d. STREET ADDRESS 0698		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)		a. (First) Goldie		b. (Middle) B
		c. (Last) Elliott		4. DATE OF DEATH (Month) (Day) (Year) June, 6, 1953
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 8, 1919		9. AGE (In years) (If under 1 year last birthday) Months Days Hours Min. 33 7 28		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Ralls County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME J.B. Hobbs		13b. MOTHER'S MAIDEN NAME Mary L. Woodson		14. NAME OF HUSBAND OR WIFE Ernest 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 Ernest Elliott
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GUN SHOT IN HEAD SELF INFLICTED.		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		DUE TO (b) _____		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 E976X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		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 No Medical Attention, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30A.m., from the causes and on the date stated above.				
23a. SIGNATURE Russell M. Wilson Coroner		23b. ADDRESS Monroe City, Mo		23c. DATE SIGNED June 7, 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-8-1953		24c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery
24d. LOCATION (City, town, or county) (State) Perry, Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE Charles W. Wray		24f. ADDRESS Perry, Mo.
DATE REC'D BY LOCAL REG. 6-12-53		REGISTRAR'S SIGNATURE J.A. Barnett		25. FUNERAL DIRECTOR'S SIGNATURE Charles W. Wray

(Licensed Embalmer's Statement on Reverse Side)

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

690  
1

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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, M<sup>o</sup>ssouri

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.